

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000078

FILED
Jan 08, 2009
Secretary of State

Entity Name: FREDERICKS PLAZA LIMITED COMPANY

Current Principal Place of Business:

ISLAND MANAGEMENT
P.O. BOX 100
SANIBAL, FL 33957

New Principal Place of Business:

ISLAND MANAGEMENT
TARPON BAY ROAD
SANIBEL, FL 33957

Current Mailing Address:

C/O JOHB FREDERICKS
635 EAST GULF DR SUITE B202
SANIBEL, FL 33957

New Mailing Address:

C/O JOHN FREDERICKS
635 EAST GULF DR SUITE B202
SANIBEL, FL 33957

FEI Number: 22-3350469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREDERICKS, JOHN W
635 EAST GULF DR
SUITE B202
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FREDERICKS, JOHN W
Address: 635 EAST GULF DR SUITE B202
City-St-Zip: SANIBEL, FL 33957

Title: MGRM () Delete
Name: FREDERICKS, JANE
Address: 635 EAST GULF DR SUITE B202
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN FREDERICKS

MGRM

01/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date