## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L97000000076

FEI Number: 04-3345193

Entity Name: THIRTY-EIGHT ANGELFISH CAY DRIVE L.C.

FILED Apr 09, 2009 Secretary of State

Certificate of Status Desired ( )

Current Principal Place of Business:	New Principal Place of Business:
15 ANGELFISH CAY DRIVE NORTH KEY LARGO, FL 33037	
Current Mailing Address:	New Mailing Address:

FEI Number Not Applicable ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SAUNDERS, D. L

15 ANGELFISH CAY DRIVE

OCEAN REEF CLUB

NORTH KEY LARGO, FL 33037 US

SAUNDERS, DONALD L

15 ANGELFISH CAY DRIVE

OCEAN REEF CLUB

NORTH KEY LARGO, FL 33037 US

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: DONALD L. SAUNDERS 04/09/2009

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

FEI Number Applied For ( )

MGR ( ) Delete Title: () Change () Addition Title: SAUNDERS, DONALD L Name: Name: Address: 20 PARK PLAZA, 7TH FLOOR Address: City-St-Zip: BOSTON, MA 021164399 City-St-Zip: Title: AMGR () Delete Title: () Change () Addition KOZOL, JOEL A ESQ Name: Name: Address: 53 STATE STREET Address: City-St-Zip: BOSTON, MA 02109 City-St-Zip: Title: AMGR ( ) Delete Title: () Change () Addition MEDWED, HOWARD D ESQ Name: Name: Address: 125 SUMMER STREET Address: City-St-Zip: BOSTON, MA 02110 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: DONALD L. SAUNDERS MGR 04/09/2009