

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000674

Entity Name: CB OF GAINESVILLE, L.L.C.

FILED
Mar 03, 2009
Secretary of State

Current Principal Place of Business:

2306 S.W. 13TH STREET
SUITE 1206
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1122
ACCOUNTING DEPARTMENT
GAINESVILLE, FL 326021122

New Mailing Address:

P.O. BOX 1122
GAINESVILLE, FL 326021122

FEI Number: 59-3556482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, DEBORAH
2306 S.W. 13TH STREET
SUITE 1206
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

NICI, JAMES
1185 IMMOKALEE ROAD
NAPLES, FL 34110 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: JAMES R. NICI

03/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BUTLER, S. CLARK
Address: 2306 S.W. 13TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: MGR (X) Delete
Name: BUTLER, DEBORAH
Address: 2306 S.W. 13TH STREET
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BUTLER, DEBORAH
Address: 2306 S.W. 13TH STREET
City-St-Zip: GAINESVILLE, FL 32608

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: DEBORAH BUTLER

MGR

03/03/2009

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