

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006719

Entity Name: 6400 ATLANTIC BLVD. L.C.

FILED  
Jan 20, 2009  
Secretary of State

**Current Principal Place of Business:**

851 S.E. MONTEREY COMMONS BLVD.  
STUART, FL 349963337 US

**New Principal Place of Business:**

851 SE MONTEREY COMMONS BLVD.  
STUART, FL 349963337 US

**Current Mailing Address:**

851 S.E. MONTEREY COMMONS BLVD.  
STUART, FL 349963337 US

**New Mailing Address:**

851 SE MONTEREY COMMONS BLVD.  
STUART, FL 349963337 US

FEI Number: 65-0957308

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KRAMER, ROBERT S  
853 S.E. MONTEREY COMMONS BLVD.  
STUART, FL 349963337 US

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

KRAMER, ROBERT S  
853 SE MONTEREY COMMONS BLVD.  
STUART, FL 349963337 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/20/2009

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GRANITE POINT, LLC,  
Address: 851 S.E. MONTEREY COMMONS BLVD.  
City-St-Zip: STUART, FL 349963337 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GRANITE POINT, LLC,  
Address: 851 SE MONTEREY COMMONS BLVD.  
City-St-Zip: STUART, FL 349963337 US

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: ROBERT KRAMER

MGR

01/20/2009

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