

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002472

FILED
Feb 28, 2009
Secretary of State

Entity Name: THE GARDENS AT HOBE SOUND, LLC

Current Principal Place of Business:

11335 LOFTUS LANE
UNION, KY 41091

New Principal Place of Business:

522 PALMER CT.
CRESTVIEW HILLS, KY 41017

Current Mailing Address:

11335 LOFTUS LANE
UNION, KY 41091

New Mailing Address:

522 PALMER CT.
CRESTVIEW HILLS, KY 41017

FEI Number: 33-1063993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARA, T. DOMINIC
4521 PGA BOULEVARD #308
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

VARA, T. DOMINIC
125 TULIP TREE COURT
JUPITER, FL 33458 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:

02/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHULER, STEPHEN T
Address: 11335 LOFTUS LANE
City-St-Zip: UNION, KY 41091

Title: MGR () Delete
Name: VARA, T. DOMINIC
Address: 4521 PGA BOULEVARD #308
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHULER, STEPHEN T
Address: 522 PALMER CT.
City-St-Zip: CRESTVIEW HILLS, KY 41017

Title: MGR (X) Change () Addition
Name: VARA, T. DOMINIC
Address: 128 TULIP TREE CT.
City-St-Zip: JUPITER, FL 33458

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: STEPHEN T. SCHULER

MGRM

02/28/2009

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