

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000002507

Entity Name: FR DEL MAR VILLAGE, LLC

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

3200 NORTH MILITARY TRAIL, 4TH FLOOR  
BOCA RATON, FL 33431

**New Principal Place of Business:**

1626 EAST JEFFERSON STREET  
ROCKVILLE, MD 20852

**Current Mailing Address:**

3200 NORTH MILITARY TRAIL, 4TH FLOOR  
BOCA RATON, FL 33431

**New Mailing Address:**

1626 EAST JEFFERSON STREET  
ROCKVILLE, MD 20852

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

WIENER, DAVID J  
3200 NORTH MILITARY TRAIL, 4TH FLOOR  
BOCA RATON, FL 33431 US

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MICHELLE R. VANNOY, ASST. VICE PRESIDENT

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MS WOOLBRIGHT DEL MAR, L.L.C.  
Address: 3200 NORTH MILITARY TRAIL, 4TH FLOOR  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FR FLORIDA, INC.  
Address: 1626 EAST JEFFERSON STREET  
City-St-Zip: ROCKVILLE, MD 20852

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: DARLENE M. HOUGH

AS

04/29/2009

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