

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002800

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** GINN-LA PROMENADE 990, LLC

**Current Principal Place of Business:**

STE 130 31 LUPI COURT  
PALM COAST, FL 321374761

**New Principal Place of Business:**

215 CELEBRATION PLACE  
200  
CELEBRATION, FL 34747 US

**Current Mailing Address:**

STE 130 31 LUPI COURT  
PALM COAST, FL 321374761

**New Mailing Address:**

1 HAMMOCK BEACH PARKWAY  
SECOND FLOOR  
PALM COAST, FL 32137 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

DEMARTIN, CHARLES P ESQ  
31 LUPI COURT STE 130  
PALM COAST, FL 32137 US

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

DEMARTIN, CHARLES P ESQ  
1 HAMMOCK BEACH PARKWAY  
SECOND FLOOR  
PALM COAST, FL 32137 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:**

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MASTERS, ROBERT F  
Address: ONE HAMMOCK BEACH PKWY  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GINN, EDWARD R III  
Address: 1HAMMOCK BEACH PKWY, SECOND FLOOR  
City-St-Zip: PALM COAST, FL 32137 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:** EDWARD R. GINN III

MGR

04/30/2009

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