2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 11, 2009
Secretary of State

DOCUMENT# M08000005102

Entity Name: FDG DEERWOOD SOUTH LLC

Current Principal Place of Business:

2855 LEJEUNE ROAD, 4TH FLOOR
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2855 LEJEUNE ROAD, 4TH FLOOR
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COBB, KOLLEEN O.P.
2855 LEJEUNE ROAD, 4TH FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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 — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	FDG MEZZANINE I LLC	
Address:	2855 LEJEUNE ROAD 4TH FLOOR	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	P	( ) Delete
Name:	HEVIA, JOSE	
Address:	2855 LEJEUNE ROAD 4TH FLOOR	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	VPS	( ) Delete
Name:	COBB, KOLLEEN	
Address:	2855 LEJEUNE ROAD 4TH FLOOR	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	VPT	( ) Delete
Name:	ABAUNZA, CARLOS	
Address:	2855 LEJEUNE ROAD 4TH FLOOR	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	VP	( ) Delete
Name:	SWANSON, ERIC	
Address:	2855 LEJEUNE ROAD 4TH FLOOR	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	VP	( ) Delete
Name:	TICKELL, KEITH	
Address:	10151 DEERWOOD PARK BLVD BLDG 100 # 330	
City-St-Zip:	JACKSONVILLE, FL 32256	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	FLAGLER DEVELOPMENT COMPANY, LLC	
Address:	2855 LEJEUNE ROAD 4TH FLOOR	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: KOLLEEN COBB VPS 05/11/2009

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