2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130234

Entity Name: FLORIDIAN COMMUNITY BANK, INC.

FILED May 30, 2008 Secretary of State

Current Principal Place of Business:			N	New Principal Place of Business:			
5599 S UNI SUITE 100	VERSITY DR						
DAVIE, FL	33328 US						
Current Mailing Address:			N	New Mailing Address:			
	VERSITY DR						
SUITE 100 DAVIE, FL	33328 US						
FEI Number: 6	65-1107498	FEI Number Applied For ()	FEI Numb	er Not Applic	able ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
			2	GLER, GEO 2457 CARE ALLAHASS	DRIVE	2308 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: GEORGE IGLER						05/30/2008	
	Electronic	Signature of Registered Agent	t			Date	
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () E ZINN, DAVID 20800 NW 2ND A MIAMI, FL 3316		N A	iitle: lame: .ddress: city-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E ZINN, WARREN 20800 NW 2ND A MIAMI, FL 33169		N A	iitle: lame: .ddress: city-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	GEISERMAN, RO 1645 S.E. 3RD (N A		D COSTOYA, I 5230 S. UNI DAVIE, FL 3	VERSITY DRIVE, SUITE 103	
Title: Name: Address: City-St-Zip:	D () E LEGGET, JEFFR 9050 NW 68TH C PARKLAND, FL	CT CT	N A	ddress:	D LEGGETT, J 9050 NW 68 PARKLAND,		
Title: Name: Address: City-St-Zip:	D () E ZUCKERMAN, AN 6131 LYONS RD COCONUT CREE	, SUITE 200	N A	itle: lame: .ddress: city-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D ()E MARZOUCA, JOS 102 SANTANDER JUPITER, FL 33	RDRIVE	N A	ritle: lame: .ddress: City-St-Zip:		() Change () Addition	

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY LEGGETT D 05/30/2008