2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000059591

Entity Name: HENDERSONVILLE GP, INC.

FILED Jan 17, 2009 Secretary of State

| - | | , | | | |
|---|---|---------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| | ISLE DRIVE FL 33327 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | ISLE DRIVE FL 33327 | | | | |
| FEI Number: | : 20-4799101 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | l Address of C | urrent Registered Agent: | Name and Address o | f New Registered Agent: | |
| | ECOND ST SUI | OF FLORIDA LLC TE 2900 | | | |
| | named entity s e of Florida. | ubmits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electron | ic Signature of Registered Age | ent | Date | |
| Election Car | mpaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PRES () LEVINE, BONNI 2497 BAY ISLE WESTON, FL 3 | DRIVE | Title: Name: Address: 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: DAVID MULTZ SEC. 01/17/2009