

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 06, 2009  
Secretary of State**

DOCUMENT# P95000019102

Entity Name: GATSBY'S DAVIE, INC.

**Current Principal Place of Business:**

1805 S UNIVERSITY DR  
DAVIE, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

10800 NORTH MILITARY TRAIL  
215  
WEST PALM BEACH, FL 33410

**New Mailing Address:**

FEI Number: 65-0565841      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

BROWN, BEN  
625 NORTH FLAGLER DRIVE  
SUITE 401  
WEST PALM BEACH, FL 33401 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GRAHAM, ANTHONY L  
Address: 10800 NORTH MILITARY TRAIL #215  
City-St-Zip: W. PALM BEACH, FL 33410

Title: D (X) Delete  
Name: GRAHAM, JANE  
Address: 10800 NORTH MILITARY TRAIL  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: ANTHONY L. GRAHAM

D

05/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date