

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002643

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: 1621 VENTURE, LLC

**Current Principal Place of Business:**

ONE SAN JOSE PLACE  
SE 7  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

ONE SAN JOSE PLACE  
SE 7  
JACKSONVILLE, FL 32257

**New Mailing Address:**

ONE SAN JOSE PLACE  
SUITE 7  
JACKSONVILLE, FL 32257

FEI Number: 59-3632577

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, V. HAWLEY JR.  
ONE SAN JOSE PL. #7  
JACKSONVILLE, FL 32257 US

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

SMITH, V. HAWLEY JR.  
ONE SAN JOSE PLACE  
SUITE 7  
JACKSONVILLE, FL 32257 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: V. HAWLEY SMITH, JR.

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: STOKES, E. CHESTER JR.  
Address: 4315 PABLO OAKS CT., STE 1  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VS ( ) Delete  
Name: SMITH, V. HAWLEY JR.  
Address: ONE SAN JOSE PL. #7  
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES:**

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: V. HAWLEY SMITH, JR.

VS

04/14/2009

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