

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090183

FILED  
Jan 08, 2010  
Secretary of State

Entity Name: RATTLESNAKE BEND NORTH, LLC

**Current Principal Place of Business:**

C/O SCOTT A. SALITERMAN  
2008 RIVERSIDE AVENUE, SUITE 300  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SCOTT A. SALITERMAN  
2008 RIVERSIDE AVENUE, SUITE 300  
JACKSONVILLE, FL 32204

**New Mailing Address:**

FEI Number: 20-2000021

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SULZBACHER, WILLIAM M  
2008 RIVERSIDE AVENUE, STE. 300  
JACKSONVILLE, FL 32204 US

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

WEST, CHRISTOPHER D  
2008 RIVERSIDE AVENUE, STE. 300  
JACKSONVILLE, FL 32204 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: CHRISTOPHER D. WEST

01/08/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SALITERMAN, SCOTT A  
Address: 200 WASHINGTON AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP  
Name: WEST, CHRISTOPHER D  
Address: 2008 RIVERSIDE AVENUE, SUITE 300  
City-St-Zip: JACKSONVILLE, FL 32204

Title: PRES  
Name: SALITERMAN, SCOTT A  
Address: 200 WASHINGTON AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: SEC  
Name: BAKER, CHRISTIAN S  
Address: 2008 RIVERSIDE AVENUE, SUITE 300  
City-St-Zip: JACKSONVILLE, FL 32204

I hereby 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: SCOTT A. SALITERMAN

MGRM

01/08/2010

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