

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015098

FILED
Apr 02, 2007
Secretary of State

Entity Name: FRUIT COVE OFFICE, LLC

Current Principal Place of Business:

139 NEPTUNE RD.
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

139 NEPTUNE RD.
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 20-2347207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONAHAN, CLARK V
139 NEPTUNE RD.
ST. AUGUSTINE, FL 32086 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MONAHAN, CLARK V
Address: 139 NEPTUNE ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: MGRM () Delete
Name: WARFIELD, STEVEN
Address: 2753 ESTATES LANE
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 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: CLARK MONAHAN

MGRM

04/02/2007

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