

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000015098

**FILED  
Apr 08, 2010  
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  
Name: MONAHAN, CLARK V  
Address: 139 NEPTUNE ROAD  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: MGRM  
Name: WARFIELD, STEVEN  
Address: 2753 ESTATES LANE  
City-St-Zip: JACKSONVILLE, FL 32257

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: CLARK V MONAHAN      MGRM      04/08/2010

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