

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000112428

Entity Name: 347 PONTE VEDRA BLVD., LLC

FILED  
Feb 18, 2009  
Secretary of State

**Current Principal Place of Business:**

4815 ARAPAHOE AVENUE  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

4815 ARAPAHOE AVENUE  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number:

FEI Number Applied For  (X)

FEI Number Not Applicable  ( )

Certificate of Status Desired  ( )

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

FRAZIER & FRAZIER, ATTORNEYS AT LAW, P.A.  
1515 RIVERSIDE AVENUE, SUITE A  
JACKSONVILLE, FL 32204 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: MGR  Delete  
Name: CONOLLY, MARGARET C  
Address: 4815 ARAPAHOE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

**ADDITIONS/CHANGES:**

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: W ROBINSON FRAZIER

ATTY

02/18/2009

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