

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000039474

FILED
Mar 28, 2011
Secretary of State

Entity Name: DR. CYNTHIA PERRY MEMORIAL SCHOLARSHIP, LLC

Current Principal Place of Business:

503 W EDGWOOD AVE
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

503 W EDGWOOD AVE
JACKSONVILLE, FL 32208

New Mailing Address:

PO BOX 26284
JACKSONVILLE, FL 32218

FEI Number: 01-0954100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGWOOD, ANTONIO S
7972 VENETIAN ST
MIRAMAR, FL 33023 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
Name: PERRY, DAVID
Address: 503 W EDGWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGRM
Name: BOYD, ALICE F
Address: 8048 VIRGO ST
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM
Name: RILEY, JACQUELINE
Address: 7211 RHODE ISLAND DR EAST
City-St-Zip: JACKSONVILLE, FL 32209

Title: MGRM
Name: PERRY, DENAY
Address: 503 W EDGWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGRM
Name: MAGWOOD, TRACY B
Address: 7972 VENETIAN ST
City-St-Zip: MIRAMAR, FL 30023

Title: MGRM
Name: MAGWOOD, ANTONIO
Address: 7972 VENETIAN ST
City-St-Zip: MIRAMAR, FL 30023

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: ANTONIO S. MAGWOOD

MGRM

03/28/2011

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