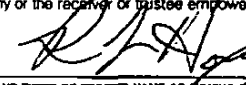


FILED
Apr 03, 2008 8:00 am
Secretary of State

03-10-2008 90336 045 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

3/1

DOCUMENT # L07000045898			
1. Entity Name 1100, LLC			
Principal Place of Business 1200 PLANTATION ISLAND DR, SUITE 120 ST. AUGUSTINE, FL 32080		Mailing Address 1200 PLANTATION ISLAND DR, SUITE 120 ST. AUGUSTINE, FL 32080	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02062008		Chg: LLC CR2E083 (12/06)	
4. FEI Number 75-3241516		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARDY, RICHARD L 1200 PLANTATION ISLAND DR, SUITE 120 ST. AUGUSTINE, FL 32080		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! - FEE IS \$138.75 - After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARNARD, THOMAS A 2639 OAK STREET JACKSONVILLE, FL 32204 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER Change ☒ Addition RICHARD L. HARDY 1200 PLANTATION ISLAND DR STE 120 ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNN, WILLIAM J 2639 OAK STREET JACKSONVILLE, FL 32204 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER Change ☐ Addition YANET PANTALCON 168 HERONS NEST LANE ST. AUGUSTINE, FL 3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAVROFRIDES, ELIAS C 2639 OAK STREET JACKSONVILLE, FL 32204 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORENO, RUAL J 2639 OAK STREET JACKSONVILLE, FL 32204 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STAMAN, JAMES A 2639 OAK STREET JACKSONVILLE, FL 32204 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SULLIVAN, JOHN P 2639 OAK STREET JACKSONVILLE, FL 32204 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 		RICHARD L. HARDY 2/7/08 984 461 Date Daytime Phone # 1640	