

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000113253

FILED
Feb 07, 2009
Secretary of State

Entity Name: 294 CIRCLE DRIVE SOUTH, LLC

Current Principal Place of Business:

8507 CROSSWINDS DRIVE
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

8507 CROSSWINDS DRIVE
ST. AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LEAS, MICHAEL R
501 RIVERSIDE AVENUE, SUITE 600
JACKSONVILLE, FL 32202 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: FURNAL, AUDRANA
Address: 8507 CROSSWINDS DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

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: AUDRANA FURNAL

MGRM

02/07/2009

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