

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006306

Entity Name: FLORABAMA PROPERTIES, L.L.C.

FILED
Feb 02, 2009
Secretary of State

Current Principal Place of Business:

209 PONTE VEDRA PARK DR
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

209 PONTE VEDRA PARK DR
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 59-3651944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAIRBANKS, RANDAL C
76 SOUTH LAURA STREET
SUITE 1700
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

FAIRBANKS, RANDAL C
50 NORTH LAURA STREET
SUITE 2500
JACKSONVILLE, FL 32202 US

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:

02/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BURK, ROBERT W III, MD
Address: 209 PONTE VEDRA PARK DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM () Delete
Name: RUMSEY, C. CAYCE III, MD
Address: 209 PONTE VEDRA PARK DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR () Delete
Name: SCIOSCIA, PAUL J MD
Address: 209 PONTE VEDRA PARK DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR () Delete
Name: SNYDER, BRETT J MD
Address: 209 PONTE VEDRA PARK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BURK, ROBERT W III, MD
Address: 209 PONTE VEDRA PARK DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR (X) Change () Addition
Name: RUMSEY, C. CAYCE III, MD
Address: 209 PONTE VEDRA PARK DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT W. BURK, III, MD

MGRM

02/02/2009

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