2008 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L00000008411 FILED 1. Entity Name TOCOI JUNCTION, L.L.C. Jul 09, 2008 08:00 AM Secretary of State Principal Place of Business Mailing Address 2065 COUNTY RD 214 2065 COUNTY RD 214 ST. AUGUSTINE, FL 32084 ST. AUGUSTINE, FL 32084 07072008 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3669252 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent		
BROWN, WILLIAM A P.O. BOX 805 ST. AUGUSTINE, FL 32085		DO NOT WRITE IN THIS SPACE
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 Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signeture required when reinstating) DATE		
FILE NOW!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited U00000953710 U70000953710 U70000953710 U70000953710 U70000953710 U70000953710 U70000953710 U70000953710 U700000953710 U70000953710 U700000953710 U70000953710 U700000953710 U70000953710 U70000953710 U70000953710 U70000953710 U700000953710 U70000953710 U700000953710 U70000000000000000000000000000000000		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, WILLIAM A PO BOX 805 ST. AUGUSTINE, FL 320850805	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		

WWIU. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPREBENTATIVE 1100 <u> 909-814-2784</u> Daytime Phone #

CR2E083 (12/07)

Applied For

\$5.00 Additional

Fee Recuired

Not Applicable