

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004258

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: VAULT - I-295 II, LLC

**Current Principal Place of Business:**

7220 FINANCIAL WAY, SUITE 400  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

7220 FINANCIAL WAY, SUITE 400  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 60-0000141

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALLEN, JOHN J  
7220 FINANCIAL WAY, SUITE 400  
JACKSONVILLE, FL 32256 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: ALLEN, JOHN J  
Address: 7220 FINANCIAL WAY, SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM ( ) Delete  
Name: JOOS, WILLIAM J  
Address: 11234 SAN JOSE BLVD.  
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGRM ( ) Delete  
Name: ENGLAND, JAMES E  
Address: 14775 ST. AUGUSTINE ROAD  
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGRM ( ) Delete  
Name: THIMS, ROBERT E  
Address: 14775 ST. AUGUSTINE ROAD  
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGRM ( ) Delete  
Name: MILLER, DOUGLAS C  
Address: 14775 ST. AUGUSTINE ROAD  
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGRM ( ) Delete  
Name: MATTHEWS, N. HUGHS  
Address: 14775 ST. AUGUSTINE ROAD  
City-St-Zip: JACKSONVILLE, FL 32258

**ADDITIONS/CHANGES:**

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

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

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

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

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: JOHN J. ALLEN

MGRM

04/21/2009

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