

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007978

Entity Name: FIRST FORTY, LLC

FILED
Jan 29, 2009
Secretary of State

Current Principal Place of Business:

ONE SAN JOSE PLACE, STE 7
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

ONE SAN JOSE PLACE, STE 7
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 59-3722035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNGEY, MARY L
ONE SAN JOSE PLACE, STE 7
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

SMITH, V. HAWLEY JR.
ONE SAN JOSE PLACE, STE 7
JACKSONVILLE, FL 32257 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: V. HAWLEY SMITH, JR, EXECUTOR

01/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PD () Delete
Name: DUNGEY, MARY L
Address: 12844 BAY PLANTATION DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

Title: VST () Delete
Name: BRAREN, MICHAEL E
Address: 3253 FIDDLERS HAMMOCK LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

Title: PD (X) Change () Addition
Name: SMITH, EXECUTOR, V. HAWLEY JR.
Address: 2767 FOREST CIRCLE
City-St-Zip: JACKSONVILLE, FL 32257

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: V. HAWLEY SMITH, JR, EXECUTOR

PD

01/29/2009

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