

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000011458

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** LOFTON PROFESSIONAL PLAZA, L.L.C.

**Current Principal Place of Business:**

86002 CHRISTIAN WAY  
YULEE, FL 32097 US

**New Principal Place of Business:**

97010 ELK CREEK COURT  
FERNANDINA BEACH, FL 32034 US

**Current Mailing Address:**

86002 CHRISTIAN WAY  
YULEE, FL 32097 US

**New Mailing Address:**

PO BOX 712  
FERNANDINA BEACH, FL 32035 US

**FEI Number:** 59-3731362

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCRANIE, JR., DANIEL I  
86002 CHRISTIAN WAY  
YULEE, FL 32097 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: MGR  
Name: CHISM, WAYNE R  
Address: 97010 ELK CREEK COURT  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGR  
Name: MCCRANIE, DANIEL I JR  
Address: 86002 CHRISTIAN WAY  
City-St-Zip: YULEE, FL 32097

I hereby 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: WAYNE R CHISM

MGR

04/05/2011

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