2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# L01000016694

Entity Name: 440 S. EDGEWOOD AVENUE, L.L.C.

Current Principal Place of Business:

440 SOUTH EDGEWOOD AVENUE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

C/O 300 EAST STATE ROAD
SUITE G
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 04-3624409 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUSS, JOHN S IV ESQ
10110 SAN JOSE BLVD
JACKSONVILLE, FL 32257 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: MEM ( ) Delete
Name: SOLOMON, RAYMOND
Address: 1850 ART MUSEUM DR
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SOLOMON, RAYMOND
Address: 1850 ART MUSEUM DR
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR ( ) Change (X) Addition
Name: EASTON, SAMUEL
Address: 300 EAST STATE STREET
City-St-Zip: JACKSONVILLE, FL 32202

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: SAMUEL EASTON MGR 01/23/2009

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