

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000035218

FILED
Feb 20, 2008
Secretary of State

Entity Name: THIRTY-SEVEN FIFTY I, LLC

Current Principal Place of Business:

1022 PARK ST.
SUITE 305
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

1022 PARK ST.
SUITE 305
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 65-1166716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSHING, ROBERT K
3824 BETTES CIR
JACKSONVILLE, FL 32210 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 () Delete
Name: RUSHING, ROBERT K
Address: 3824 BETTES CIR
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR () Delete
Name: SHANE, BRIAN R
Address: 5089 MANDAVILLA BLVD
City-St-Zip: GULF BREEZE, FL 32563

Title: MGR (X) Delete
Name: HALL, MICHAEL R
Address: 1131 TIGER TRACE BLVD
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: HALL, MICHAEL R
Address: 1131 TIGER TRACE BLVD
City-St-Zip: GULF BREEZE, FL 32563

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: ROBERT K RUSHING

MGR

02/20/2008

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