

# **2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L02000035218

**FILED**  
**Feb 10, 2009**  
**Secretary of State**

**Entity Name:** THIRTY-SEVEN FIFTY I, LLC

**Current Principal Place of Business:**

39824 BETTES CIRCLE  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

3824 BETTES CIRCLE  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

39824 BETTES CIRCLE  
JACKSONVILLE, FL 32210

**New Mailing Address:**

3824 BETTES CIRCLE  
JACKSONVILLE, FL 32210

**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: 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: ( ) 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

02/10/2009

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