


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90069 011 \*\*\*\*50.00

DOCUMENT # L03000013935					
1. Entity Name THE BOARDWALK GROUP, LLC <i>FIND TRUENORTH, LLC (see attached)</i>					
Principal Place of Business 6430 SOUTHPPOINT PKWY, STE 140 JACKSONVILLE, FL 32216			Mailing Address 6430 SOUTHPPOINT PKWY, STE 140 JACKSONVILLE, FL 32216		
2. Principal Place of Business <i>4345 Southpoint Blvd</i>		3. Mailing Address <i>same</i>			
Suite, Apt. #, etc. <i>Suite 100</i>		Suite, Apt. #, etc. <i>—</i>			
City & State <i>Jacksonville, FL</i>		City & State <i>—</i>			
Zip <i>32216</i>	Country <i>USA</i>	Zip <i>—</i>	Country <i>—</i>		
6. Name and Address of Current Registered Agent  GRAHAM, DAVID G 6430 SOUTHPPOINT PKWY, STE 140 JACKSONVILLE, FL 32216			7. Name and Address of New Registered Agent Name <i>David G. Graham</i> Street Address (P.O. Box Number is Not Acceptable) <i>4345 Southpoint Blvd, Suite 100</i> City <i>Jacksonville</i> FL Zip Code <i>32216</i>		
8. 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div>SIGNATURE <i>David G. Graham</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small></div> <div><i>David G. Graham, CEO</i> <small>(NOTE: Registered Agent signature required when reinstating)</small></div> <div><i>2/27/04</i> <small>DATE</small></div> </div>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CEO David G. Graham (same address as above)</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CFO Kathy J. Brady (same address as above)</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11: I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Kathy J. Brady, CFO</i>			<i>KATHY J. BRIDY</i> <i>2/27/04</i> <i>904-224-1100</i> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>		