

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021548

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** NORTHEAST FLORIDA INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

3401 SOUTHSIDE BLVD.  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 17712  
JACKSONVILLE, FL 32245

**New Mailing Address:**

**FEI Number:** 33-1067293

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PICKETT, DAVID  
3401 SOUTHSIDE BLVD.  
JACKSONVILLE, FL 32246 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: MGRM ( ) Delete  
Name: PICKETT, DAVID  
Address: 1442 RIVA DEL GARDA WAY  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: MGRM ( ) Delete  
Name: MORTIMER, PAUL  
Address: 601 GRAND PARKE DR.  
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM ( ) Delete  
Name: MILLER, EDWIN  
Address: 12364 CLYDENE COURT  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM ( ) Delete  
Name: SNYDER, SCOTT  
Address: 6839 POTTSBERG DR.  
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM ( ) Delete  
Name: SEDLAK, STEVE  
Address: 1333 MARCHECK ST.  
City-St-Zip: JACKSONVILLE, FL 32211

**ADDITIONS/CHANGES:**

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

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

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

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: PAUL MORTIMER

MGRM

01/08/2009

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