



**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

|  |  |   |  |
|--|--|---|--|
| <b>DOCUMENT # L03000031046</b><br>1. Entity Name<br><b>JACKSONVILLE LANDING INVESTMENTS, LLC</b>   |  |                |  |
| Principal Place of Business<br><b>1 SLEIMAN PARKWAY, SUITE 270<br/>JACKSONVILLE, FL 32216</b>  |  | Mailing Address<br><b>1 SLEIMAN PARKWAY, SUITE 270<br/>JACKSONVILLE, FL 32216</b>               |  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |  |               |  |
|  |  | 01112008 No Chg-LLC      CR2E083 (12/07)  |  |
|  |  | 4. FEI Number<br><b>16-1680932</b>  |  |
|  |  | Applied For<br>Not Applicable   |  |
|  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WHITE, ROBERT K<br/>1 SLEIMAN PARKWAY<br/>SUITE 270<br/>JACKSONVILLE, FL 32216</b>   |  | <b>DO NOT WRITE IN THIS SPACE</b>   |  |
|  |  |   |  |
| 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.  |  |   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  | <b>DO NOT WRITE IN THIS SPACE</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>SLEIMAN, ANTHONY T<br>1 SLEIMAN PARKWAY, SUITE 270<br>JACKSONVILLE, FL 32216 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>SLEIMAN, PETER D<br>1 SLEIMAN PARKWAY, SUITE 270<br>JACKSONVILLE, FL 32216   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Robert K. White</i>  |  | 3-13-08      904-731-8806   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   |  | Date      Daytime Phone #   |  |