

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052084

Entity Name: PSJ WATERFRONT, LLC

FILED  
Apr 25, 2007  
Secretary of State

**Current Principal Place of Business:**

245 RIVERSIDE AVE, STE 500  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

245 RIVERSIDE AVE, STE 500  
ATTN: LEGAL DEPT  
JACKSONVILLE, FL 32202

**New Mailing Address:**

245 RIVERSIDE AVE, STE 500  
ATTN: LEGAL DEPT - SUSAN WHITLATCH  
JACKSONVILLE, FL 32202

FEI Number: 20-0689616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARX, CHRISTINE M  
245 RIVERSIDE AVE, STE 500  
JACKSONVILLE, FL 32202 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: REGAN, MICHAEL N  
Address: 245 RIVERSIDE AVE, STE 500  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR ( ) Delete  
Name: GREENE, WM. BRITTON  
Address: 245 RIVERSIDE AVE SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202

**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: MICHAEL N. REGAN

MGR

04/25/2007

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