

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003327

FILED
Apr 14, 2008
Secretary of State

Entity Name: LATITUDES N.E. FLORIDA LTD. CO.

Current Principal Place of Business:

4720 AVENUE B
SAINT AUGUSTINE, FL 32095 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4034
SAINT AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 20-0592283 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JANSE VAN RENSBURG, COENRAAD J
11 AVILES STREET
APT. 3C
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

JANSE VAN RENSBURG, COENRAAD J
310 NORTH 3RD STREET
PALATKA, FL 32177 US

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

04/14/2008

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JANSE VAN RENSBURG, COENRAAD J
Address: 310 NORTH 3RD STREET
City-St-Zip: PALATKA, FL 32177 US

Title: MGRM () Delete
Name: HOLIDAY, ELIZABETH M
Address: 310 NORTH 3RD STREET
City-St-Zip: PALATKA, FL 32177 US

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: COENRAAD JANSE VAN RENSBURG

MGRM

04/14/2008

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