

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000040335**

1. Entity Name  
 8691 WESTERN WAY, L.L.C.



Principal Place of Business C/O EASTON SANDERSON & CO 300 EAST STATE STREET JACKSONVILLE, FL 32226	Mailing Address C/O EASTON SANDERSON & CO 300 EAST STATE STREET JACKSONVILLE, FL 32226
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**DO NOT WRITE IN THIS SPACE**

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01212008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1177437	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DUSS, JOHN S IV  
 FORD, JETER, BOWLUS, DUSS, MORGAN, KENNEY, SAFER  
 10110 SAN JOSE BOULEVARD  
 JACKSONVILLE, FL 32257

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

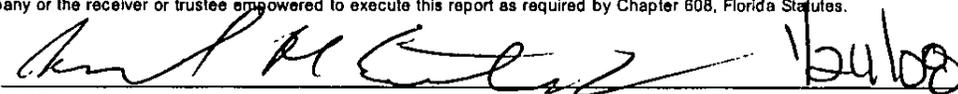
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EASTON, SAMUEL M JR 300 E. STATE STREET JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000808141  
 02/07/08-80037-010 138.75

**DO NOT WRITE IN THIS SPACE**

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:  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_