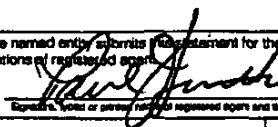
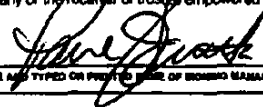


FILED
May 20, 2005 8:00 am
Secretary of State

02-21-2005 90174 023 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000059044			
1. Entity Name FERNANDINA PROPERTY, LLC			
Principal Place of Business 2075 CENTRE POINT BLVD. TALLAHASSEE, FL 32308		Mailing Address 2075 CENTRE POINT BLVD. TALLAHASSEE, FL 32308	
2. Principal Place of Business 806 RIVERSIDE AVE Suite, Apt. #, etc.		3. Mailing Address 806 RIVERSIDE AVE Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32203		Zip 32203	
Country		Country	
4. FEI Number 20-2713888		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent HOUFF, JANICE T 2075 CENTRE POINT BLVD. TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent Name PAUL J. LUNETTA Street Address (P.O. Box Number is Not Acceptable) 806 RIVERSIDE AVE City JACKSONVILLE FL Zip Code 32203	
9. This 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 		DATE 2/16/05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP HARDEN & ASSOCIATES, INC 806 RIVERSIDE AVE JACKSONVILLE, FL 32203		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PAUL J. LUNETTA 806 Riverside Ave JACKSONVILLE, FL 32203		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
11. I hereby certify that the information supplied was true at filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.			
SIGNATURE: 		DATE 2/16/05 904-354-3785	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	