2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007
Secretary of State

DOCUMENT# L04000064664

Entity Name: MEDICI ISLAND, LLC

Current Principal Place of Business:

13901 SUTTON PARK DRIVE, SUITE 100
160
JACKSONVILLE, FL 32224

New Principal Place of Business:

13901 SUTTON PARK DRIVE, S.
SUITE 160
JACKSONVILLE, FL 32224

Current Mailing Address:

13901 SUTTON PARK DRIVE, SUITE 100
160
JACKSONVILLE, FL 32224

New Mailing Address:

13901 SUTTON PARK DRIVE S.
SUITE 160
JACKSONVILLE, FL 32224

FEI Number: 42-1646133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STONEBURNER, BERRY & SIMMONS, P.A.
841 PRUDENTIAL DRIVE, SUITE 1400
JACKSONVILLE, FL 32207 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: STEINEMANN, FRANK C JR
Address: 13901 SUTTON PARK DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: CILLS, MICHAEL B
Address: 13901 SUTTON PARK DR. S. SUITE 160
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the 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 B. CILLS MGR 03/06/2007

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