2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064664

Entity Name: MEDICI ISLAND, LLC

Address:

City-St-Zip:

13901 SUTTON PARK DR. S. SUITE 160

JACKSONVILLE, FL 32224

FILED Jan 25, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13901 SUTTON PARK DRIVE, S. SUITE 160 JACKSONVILLE, FL 32224 **Current Mailing Address: 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: Name and Address of New Registered Agent: STONEBURNER, BERRY & SIMMONS, P.A. 841 PRUDENTIAL DRIVE, SUITE 1400 JACKSONVILLE, FL 32207 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: ADDITIONS/CHANGES: () Delete Title: () Change () Addition STEINEMANN, FRANK C JR Name: Name: Address: 13901 SUTTON PARK DRIVE SOUTH Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: Title: MGR () Delete Title: () Change () Addition CILLS, MICHAEL B Name: 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 B. CILLS MGR. 01/25/2008