

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064664

Entity Name: MEDICI ISLAND, LLC

FILED  
Jan 30, 2009  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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:**

SIMMONS, SIDNEY S II  
1050 RIVERSIDE AVE  
JACKSONVILLE, FL 32204 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: SIDNEY S. SIMMONS, II

01/30/2009

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

**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: MICHAEL B. CILLS

MGR.

01/30/2009

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