

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000064664

Entity Name: MEDICI ISLAND, LLC

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

13901 SUTTON PARK DRIVE, SOUTH  
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:**

SIMMONS, SIDNEY S II  
1050 RIVERSIDE AVE  
JACKSONVILLE, FL 32204 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  
Name: STEINEMANN, FRANK C JR  
Address: 13901 SUTTON PARK DRIVE SOUTH, SUITE 160  
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGR  
Name: CILLS, MICHAEL B  
Address: 13901 SUTTON PARK DRIVE SOUTH, SUITE 160  
City-St-Zip: JACKSONVILLE, FL 32224

I hereby 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

02/07/2012

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