


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90029 045 \*\*\*138.75

|                                |   |
|--------------------------------|---|
| <b>DOCUMENT # L04000083384</b> |  |
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| <b>Principal Place of Business</b><br>3030 HARTLEY RD.<br>SUITE 270<br>JACKSONVILLE, FL 32257 | <b>Mailing Address</b><br>3030 HARTLEY RD.<br>SUITE 270<br>JACKSONVILLE, FL 32257 |
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|---|--|
| <b>2. Principal Place of Business - No P.O. Box #</b><br>3030 Hartley Road<br>Suite, Apt. #, etc.<br>Suite 350<br>City & State<br>Jacksonville FL<br>Zip<br>32257<br>Country<br>Duval | <b>3. Mailing Address</b><br>3030 Hartley Road<br>Suite, Apt. #, etc.<br>Suite 350<br>City & State<br>Jacksonville, FL<br>Zip<br>32257<br>Country<br>Duval |
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03142008 Chg-LLC CR2E083 (12/06)

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| <b>4. FEI Number</b><br>26-0100321 | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
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| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |
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| <b>6. Name and Address of Current Registered Agent</b><br>F & L CORP.<br>ONE INDEPENDENT DRIVE, SUITE 1300<br>JACKSONVILLE, FL 32202-3520 |
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| <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
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**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

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| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b> | <b>Make check payable to<br/>Florida Department of State</b> |
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| 9. MANAGING MEMBERS/MANAGERS  |  | 10. ADDITIONS/CHANGES   |  |
|---|--|---|--|
| <b>TITLE</b><br>P<br><b>NAME</b><br>ARNOLD, CHARLES W III<br><b>STREET ADDRESS</b><br>3030 HARTLEY RD., SUITE 270<br><b>CITY-ST-ZIP</b><br>JACKSONVILLE, FL 32257 | <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br>P<br><b>NAME</b><br>Arnold, Charles W III<br><b>STREET ADDRESS</b><br>3030 Hartley Rd., Suite 350<br><b>CITY-ST-ZIP</b><br>Jacksonville, FL 32257 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>S<br><b>NAME</b><br>BELL, GINA G<br><b>STREET ADDRESS</b><br>3030 HARTLEY RD., SUITE 270<br><b>CITY-ST-ZIP</b><br>JACKSONVILLE, FL 32257          | <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br>S<br><b>NAME</b><br>Bell, Gina G<br><b>STREET ADDRESS</b><br>3030 Hartley Rd., Suite 350<br><b>CITY-ST-ZIP</b><br>Jacksonville, FL 32257          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete            | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete            | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete            | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete            | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.**

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| <b>SIGNATURE:</b>  <b>Charles W. Arnold, III</b> | <b>Date</b><br>4/15/08 | <b>Daytime Phone #</b><br>904-242-4443 |
|---|------------------------|--|