


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90101 050 \*\*\*138.75

|                                                  |                                                                                   |
|--------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L05000001145</b>                   |  |
| 1. Entity Name<br><b>MARSH HARBOR SOUTH, LLC</b> |                                                                                   |

|                                                                                                    |                                                                                        |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>4315 PABLO OAKS COURT<br/>SUITE 1<br/>JACKSONVILLE, FL 32224</b> | Mailing Address<br><b>4315 PABLO OAKS COURT<br/>SUITE 1<br/>JACKSONVILLE, FL 32224</b> |
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**50002925**

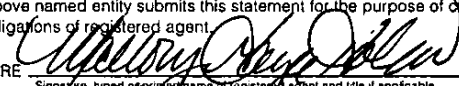


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|------------------------------------------------|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip                                            | Country             |

04082008 Chg-LLC CR2E083 (12/06)

|                                                                                                                                                                |  |
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| 6. Name and Address of Current Registered Agent<br><b>STOKES &amp; BRAREN PROPERTIES, LLC<br/>4315 PABLO OAKS COURT<br/>SUITE 1<br/>JACKSONVILLE, FL 32224</b> |  |
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| 7. Name and Address of New Registered Agent<br>Name <b>SLG Management Services, LLC</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>4315 Pablo Oaks Court</b><br>City <b>Jacksonville</b> FL Zip Code <b>32224</b> |  |
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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                                                                                                                                   | DATE <b>4/9/08</b> |

|                                                                               |                                                              |
|-------------------------------------------------------------------------------|--------------------------------------------------------------|
| <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> |
|-------------------------------------------------------------------------------|--------------------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                                           |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CHMN<br>STOKES, E. CHESTER JR<br>4315 PABLO OAKS COURT, SUITE 1<br>JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRES<br>BRAREN, MICHAEL E<br>4315 PABLO OAKS COURT<br>JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>CONNERTY, HUGH H JR<br>4315 PABLO OAKS COURT<br>JACKSONVILLE, FL 32224 <input checked="" type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>KUNKEL, JOHN C<br>4315 PABLO OAKS COURT<br>JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPTR<br>FREDENHAGEN, SHARON W<br>4315 PABLO OAKS COURT<br>JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPSE<br>HOLM, MALLORY G<br>4315 PABLO OAKS COURT<br>JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete                |

| 10. ADDITIONS/CHANGES                          |                                                                              |
|------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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| 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. |                                                       |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                            | DATE: <b>4/9/08</b> DAYTIME PHONE: <b>904 4821100</b> |