

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002247

FILED
Apr 29, 2008
Secretary of State

Entity Name: SHELDRICK,MCGEHEE & KOHLER, LLC

Current Principal Place of Business:

ONE INDEPENDENT DRIVE
SUITE 3140
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

ONE INDEPENDENT DRIVE
SUITE 3140
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 20-2123462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENBLOOM, STEVEN M
ONE INDEPENDENT DRIVE
SUITE
JACKSONVILLE, FL 32202 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 () Delete
Name: SMITH, STEVEN R VP
Address: 4012 ORTEGA FOREST DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR () Delete
Name: ROSENBLOOM, STEVEN M P
Address: 1417 BEACH AVENUE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: MGR () Delete
Name: WRIGHT, JESS W VP
Address: 1500 DUCK BLIND DR
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVEN M ROSENBLOOM

P

04/29/2008

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