2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L05000037354

Entity Name: MAIN BRANCH, LLC

Current Principal Place of Business:

122 NORTH OCEAN STREET
SUITE 101
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

122 NORTH OCEAN STREET
SUITE 101
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 20-4776927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RINAMAN, MARK R
122 NORTH OCEAN STREET
SUITE 101
JACKSONVILLE, FLORIDA, 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:	MGRM	( ) Delete
Name:	RINAMAN, MARK R	
Address:	SUITE 101, 122 NORTH OCEAN STREET	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	MGRM	( ) Delete
Name:	SHAD, JACK L	
Address:	SUITE 101, 122 NORTH OCEAN STREET	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	MGRM	( ) Delete
Name:	ALLEGRETTI, ANTONIO F	
Address:	SUITE 101,122 NORTH OCEAN STREET	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	MGRM	( ) Delete
Name:	BISHOP, WILLIAM/MELODY H III	
Address:	SUITE 101, 122 NORTH OCEAN STREET	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	MGRM	( ) Delete
Name:	BOIS, COLIN M	
Address:	SUITE 101,122 NORTH OCEAN STREET	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	MGRM	( ) Delete
Name:	CESERY LIBRARY, LLC	
Address:	1450-3 SAN MARCO BLVD.	
City-St-Zip:	JACKSONVILLE, FL 32207	

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:	
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: MARK RINAMAN MGRM 04/23/2009

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