

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050522

FILED
Apr 20, 2007
Secretary of State

Entity Name: ARTIGIANI DEVELOPMENT, LLC

Current Principal Place of Business:

4454 GLEN KERNAN PARKWAY EAST
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

4454 GLEN KERNAN PARKWAY EAST
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 20-2873100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

F&L CORP
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

F&L CORP
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 US

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: _____

04/20/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: SUTTON, JAMES M
Address: 4454 GLEN KERDAN PKWY E.
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP () Delete
Name: WEADER, LEIGH A
Address: 4454 GLEN KERDAN PKWY E.
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: SUTTON, JAMES M
Address: 4454 GLEN KERNAN PKWY E.
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP (X) Change () Addition
Name: WEAVER, LEIGH A
Address: 4454 GLEN KERNAN PKWY E.
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES M. SUTTON

P

04/20/2007

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