2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# L05000054101

Entity Name: NORTH FLORIDA SITE DEVELOPMENT, LLC

Current Principal Place of Business:

4475 U.S. HIGHWAY 1 SOUTH, SUITE 503
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

4475 U.S. HIGHWAY 1 SOUTH, SUITE 506
ST. AUGUSTINE, FL 32086

Current Mailing Address:

4475 U.S. HIGHWAY 1 SOUTH, SUITE 503
ST. AUGUSTINE, FL 32086

New Mailing Address:

4475 U.S. HIGHWAY 1 SOUTH, SUITE 506
ST. AUGUSTINE, FL 32086

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WALKER, JAMES V
228 PONTE VEDRA PARK DRIVE STE 200
PONTE VEDRA BEACH, FL 320040676 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: KOSTKA, MARGARET W
Address: 4475 U.S. HIGHWAY 1 SOUTH, SUITE 503
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KOSTKA, MARGARET W
Address: 4475 U.S. HIGHWAY 1 SOUTH, SUITE 506
City-St-Zip: ST. AUGUSTINE, FL 32086

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: MARGARET KOSTKA MGR 05/01/2006

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