2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# L05000057498

Entity Name: JACKSONVILLE TBI REALTY LLC

Current Principal Place of Business:

13820 ST. AUGUSTINE BLVD., STE. 300-B
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

C/O TOLL BROTHERS, INC.
250 GIBRALTAR ROAD
HORSHAM, PA 19044

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	TORRES, DAVID	
Address:	13820 ST. AUGUSTINE BLVD., STE. 300-B	
City-St-Zip:	JACKSONVILLE, FL 32258	
Title:	MGR	( ) Delete
Name:	HOFELT, KELLY	
Address:	9301 OLD KINGS RD. SOUTH	
City-St-Zip:	JACKSONVILLE, FL 32257	
Title:	MGR	( ) Delete
Name:	MCDADE, JAMES	
Address:	196 ST. JOHNS FOREST BLVD.	
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: JAMES MCDADE MGR 03/16/2009

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