

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90067 005 ***143.75

DOCUMENT # L05000063714

1. Entity Name
FLORIDA MAIN STREET, L.L.C.



Principal Place of Business
118 WEST ADAMS STREET
SUITE 700
JACKSONVILLE, FL 32202 US

Mailing Address
118 WEST ADAMS STREET
SUITE 700
JACKSONVILLE, FL 32202 US

600003114



01152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3812052

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANGTON, MICHAEL E
118 WEST ADAMS STREET
SUITE 700
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LB JAX DEVELOPMENT, L.L.C.
118 WEST ADAMS STREET, SUITE 700
JACKSONVILLE, FL 32202

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SOUTHCOAST PARTNERS, INC.
99 S.E. MIZNER BOULEVARD
BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01/18/08 9419551350

Date

Daytime Phone #