

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075374

Entity Name: JDB GREENBRIAR, LLC

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

1801 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207

New Principal Place of Business:

C/O JOHN D. BAKER, II
501 RIVERSIDE AVENUE, SUITE 500
JACKSONVILLE, FL 32202

Current Mailing Address:

1801 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207

New Mailing Address:

C/O JOHN D. BAKER, II
501 RIVERSIDE AVENUE, SUITE 500
JACKSONVILLE, FL 32202

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

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
ATTN: THOMAS E. GIBBS
50 NORTH LAURA STREET STE 2200
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

FOWLER WHITE BOGGS P.A.
ATTN: THOMAS E. GIBBS
50 NORTH LAURA STREET STE 2800
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: THOMAS E. GIBBS

04/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAKER, JOHN D II
Address: 1801 ART MUSEUM DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BAKER, JOHN D II
Address: 501 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

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: JOHN D. BAKER, II

MGRM

04/07/2009

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