

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000079075

FILED
Jul 30, 2009
Secretary of State**Entity Name:** O'NEIL SCOTT, LLC**Current Principal Place of Business:**2008 RIVERSIDE AVE
SUITE 300
JACKSONVILLE, FL 32204 US**Current Mailing Address:**2008 RIVERSIDE AVE
SUITE 300
JACKSONVILLE, FL 32204 US**New Principal Place of Business:**11512 LAKE MEAD AVENUE
SUITE 303
JACKSONVILLE, FL 32256 US**New Mailing Address:**11512 LAKE MEAD AVENUE
SUITE 303
JACKSONVILLE, FL 32256 US**FEI Number:** 20-3329841**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ACD
2008 RIVERSIDE AVE. S-300
JACKSONVILLE, FL 32204 US**Name and Address of New Registered Agent:**LAW OFFICES OF C. GUY BOND, P.A.
11512 LAKE MEAD AVENUE
SUITE 303
JACKSONVILLE, FL 32256 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: MARY G. MORCOM, VICE PRESIDENT

07/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: ATLANTIC COAST DEVELOPERS, LLC
Address: 2008 RIVERSIDE AVE. SUITE 300
City-St-Zip: JACKSONVILLE, FL 32204 US**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: DUDLEY, JOHNNY L
Address: 11512 LAKE MEAD AVENUE, SUITE 303
City-St-Zip: JACKSONVILLE, FL 32256 US

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: JOHNNY L. DUDLEY

MGRM

07/30/2009

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