2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000092374

1. Entity Name PRETTY SUSAN, L.L.C.



FILED Apr 14, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1 INDEPENDENT DRIVE, SUITE 1600 JACKSONVILLE, FL 32202 1 INDEPENDENT DRIVE, SUITE 1600 JACKSONVILLE, FL 32202



03282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	•		Applied For	
20-3491565		Г	Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent

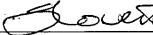
SHIELDS, DAVID R 1 INDEPENDENT DRIVE, SUITE 1600 JACKSONVILLE, FL 32202 DO NOT WRITE

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 After May	! NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		•			
9.	MANAGING MEMBERS/MANAGERS	电影的 计图形设置机 化	15 A 17 18	医龈骨折线 编码的 经	G ₁₀ (
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVETT, SUSAN W 1 INDEPENDENT DRIVE, SUITE 1600 JACKSONVILLE, FL 32202		i, \$000000 14/24209	July Committee of the c	() ()	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						

8. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

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:



Susan W. Lovett

3/28/08

904-634-8808

Daytime Phone ●