2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L05000109827

Entity Name: DICKINSON 5143 UNIVERSITY, LLC

Current Principal Place of Business:

C/O WALTER D. DICKSON
ONE INDEPENDENT DRIVE, SUITE 2401
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

C/O WALTER D. DICKSON
ONE INDEPENDENT DRIVE, SUITE 2401
JACKSONVILLE, FL 32202

New Mailing Address:

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

Name and Address of Current Registered Agent:

DICKINSON, WALTER D
ONE INDEPENDENT DRIVE, SUITE 2401
JACKSONVILLE, FL 32202 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: DICKINSON, WALTER D
Address: ONE INDEPENDENT DRIVE, SUITE 2401
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES:

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: WALTER D DICKINSON MGR 03/20/2009

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