


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                           |                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L05000113039</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                           |  |
| 1. Entity Name<br>SCHUETH 5143 UNIVERSITY, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                           |                                                                                   |
| Principal Place of Business<br>45 WEST BAY STREET, SUITE 203<br>JACKSONVILLE, FL 32202                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           | Mailing Address<br>45 WEST BAY STREET, SUITE 203<br>JACKSONVILLE, FL 32202        |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                           |                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                           | 01042008No Chg-LLC CR2E083 (12/07)                                                |
| 4. FEI Number<br>50-7747600                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                           | Applied For<br>Not Applicable                                                     |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           | <b>\$5.00</b> Additional Fee Required                                             |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                           |                                                                                   |
| SCHUETH, WILLIAM F JR.<br>45 WEST BAY STREET, SUITE 203<br>JACKSONVILLE, FL 32202                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                           | <b>DO NOT WRITE IN THIS SPACE</b>                                                 |
| 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 _____<br><small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                          |                                                                                           |                                                                                   |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                           |                                                                                   |
| U000000310876<br>05/07/08-80018-001 138.75                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           |                                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                           |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>SCHUETH, WILLIAM F JR.<br>45 WEST BAY STREET, SUITE 203<br>JACKSONVILLE, FL 32202 |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                           |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                           |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                           |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                           |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                           |                                                                                   |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                           |                                                                                   |
| 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: <u>William F. Schueth, Jr.</u> 03/24/08 904 356-1060<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                      |                                                                                           |                                                                                   |