

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119393

Entity Name: 307 N. ROSCOE, LLC

FILED  
Apr 27, 2007  
Secretary of State

## Current Principal Place of Business:

2683 ST. JOHNS BLUFF RD. S.  
155  
JACKSONVILLE, FL 32246 US

## Current Mailing Address:

2683 ST. JOHNS BLUFF RD. S.  
155  
JACKSONVILLE, FL 32246 US

## New Principal Place of Business:

2804 ST. JOHNS BLUFF RD. S.  
200  
JACKSONVILLE, FL 32246 US

## New Mailing Address:

2804 ST. JOHNS BLUFF RD. S.  
200  
JACKSONVILLE, FL 32246 US

FEI Number: 20-3963907

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MANSOURI, SAFA  
2683 ST JOHNS BLUFF RD S  
155  
JACKSONVILLE, FL 32246 US

## Name and Address of New Registered Agent:

MANSOURI, SAFA  
2804 ST JOHNS BLUFF RD S  
200  
JACKSONVILLE, FL 32246 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:

04/27/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MANSOURI, SAFA  
Address: 2683 ST JOHNS BLUFF RD S # 155  
City-St-Zip: JACKSONVILLE, FL 32246 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MANSOURI, SAFA  
Address: 2804 ST JOHNS BLUFF RD S # 200  
City-St-Zip: JACKSONVILLE, FL 32246 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: SAFA MANSOURI

MGRM

04/27/2007

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