

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003296

FILED
Jan 15, 2009
Secretary of State

Entity Name: FULL SERVICE REALTY LLC

Current Principal Place of Business:

14895 OLD ST. AUGUSTINE ROAD
112
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

14895 OLD ST. AUGUSTINE ROAD
112
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 20-4091345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEIGHBORS, MARSHA
2899 BASS HAVEN LANE
ST. AUGUSTINE, FL 32092 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: MGRM () Delete
Name: NEIGHBORS, JOHN A
Address: 2899 BASS HAVEN LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM () Delete
Name: NEIGHBORS, LORI L
Address: 2885 BASS HAVEN LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM () Delete
Name: NEIGHBORS, MARSHA
Address: 2899 BASS HAVEN LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: NEIGHBORS, LORI L
Address: 2895 BASS HAVEN LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

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: MARSHA NEIGHBORS

MGRM

01/15/2009

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