# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 13, 2008**
**Secretary of State**

DOCUMENT# L06000003648

**Entity Name:** ELKTON GREEN, LLC

**Current Principal Place of Business:**

3030 HARTLEY ROAD, SUITE 300
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

3030 HARTLEY ROAD, SUITE 300
JACKSONVILLE, FL 32257

**New Mailing Address:**

**FEI Number: 20-4983984** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEWTON, CLIFFORD B ESQ
10192 SAN JOSE BLVD.
JACKSONVILLE, FL 32223 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: CHAR ( ) Delete
Name: HUTSON, DAVID W MGRM
Address: 3030 HARTLEY ROAD SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

Title: CEO (X) Delete
Name: HINSON, DONALD P MGRM
Address: 3030 HARTLEY ROAD SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

Title: PRES ( ) Delete
Name: WILSON, ERIK H MGRM
Address: 3030 HARTLEY ROAD SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

Title: SVP (X) Delete
Name: CROMARTIE, ROBERT A MGRM
Address: 3030 HARTLEY ROAD SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP ( ) Delete
Name: HUTSON, NANCY A MGRM
Address: 3030 HARTLEY ROAD SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

Title: S/T ( ) Delete
Name: COX, ELINORE C MGRM
Address: 3030 HARTLEY ROAD SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition
Name: HUTSON, DAVID W MGR
Address: 3030 HARTLEY ROAD SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

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

Title: V/P (X) Change ( ) Addition
Name: WILSON, ERIK H MGRM
Address: 3030 HARTLEY ROAD SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

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

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

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: ELINORE C COX S/T 03/13/2008

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