## 2008 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT** FILED May 07, 2008 08:00 AN Secretary of State DOCUMENT # L06000010665 1. Entity Name 1424 MAIN STREET, LLC Principal Place of Business Maiting Address 2275 ATLANTIC BOULEVARD, SUITE 100 2275 ATLANTIC BOULEVARD, SUITE 100 NEPTUNE BEACH, FL 32266 NEPTUNE BEACH, FL 32266 05062008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-4213901 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SORRELL, MARY C DO NOT WRITE 2275 ATLANTIC BOULEVARD, SUITE 100 NEPTUNE BEACH, FL 32266 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE U000000949324 FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited 06/Ŏ3/Ŏ8-80Ŏ24-006 150.00 Due by September 12, 2008 liability company did not receive the prior notice. MANAGING MEMBERS/MANAGERS 9. **MGRM** THLE HIONIDES, CHRIS NAME 2275 ATLANTIC BLVD STE 100 STREET ADDRESS NEPTUNE BEACH, FL 32266 CITY-ST-ZIP **MGRM** TITLE CAMPBELL, ERIC NAME STREET ADDRESS 2275 ATLANTIC BLVD STE 100 CITY-ST-ZIP NEPTUNE BEACH, FL 32266 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 of the receiver or trustife empowered to execute this report as required by Chapter 608, Florida Statutes. 904-241-1501

CICNATUDE.

NAME STREET ADDRESS CITY-ST-ZIP

5-6-08