

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027822

FILED
Feb 02, 2009
Secretary of State

Entity Name: NORTH FLORIDA LAND HOLDINGS GROUP, LLC

Current Principal Place of Business:

561 ST. CLAUDE PLACE
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

561 ST. CLAUDE PLACE
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 20-4507340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVOIE, JASON
561 ST. CLAUDE PLACE
JACKSONVILLE, FL 32259 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: LAVOIE, JASON
Address: 561 ST. CLAUDE PLACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM () Delete
Name: WEBBER, TIMOTHY
Address: 561 ST. CLAUDE PLACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM () Delete
Name: COWLING, LOUIS
Address: 561 ST. CLAUDE PLACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM () Delete
Name: COWLING, CAROLYN
Address: 561 ST. CLAUDE PLACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM () Delete
Name: WEBBER, MELISSA
Address: 561 ST. CLAUDE PLACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM () Delete
Name: COWLING, ANGELA
Address: 561 ST. CLAUDE PLACE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

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

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

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

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

Title: () Change () Addition
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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: ANGELA COWLING

MGRM

02/02/2009

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