

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000028383

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** 4115 UNIVERSITY BLVD. W., L.L.C.

**Current Principal Place of Business:**

300 EAST STATE STREET  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

300 EAST STATE STREET  
SUITE G  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

300 EAST STATE STREET  
JACKSONVILLE, FL 32202

**New Mailing Address:**

300 EAST STATE STREET  
SUITE G  
JACKSONVILLE, FL 32202

**FEI Number:** 20-4513643

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUSS, JOHN S IV ESQ  
DUSS, KENNEY, SAFER, HAMPTON & JOOS  
4348 SOUTHPOINT BLVD., SUITE 101  
JACKSONVILLE, FL 32216 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  
Name: EASTON, SAMUEL M JR.  
Address: 300 E. STATE STREET  
City-St-Zip: JACKSONVILLE, FL 32202

I hereby 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: SAMULE M EASTON JR

MGR

01/06/2010

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