

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000036148

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** NORTHEAST FLORIDA MANAGEMENT, LLC.

**Current Principal Place of Business:**

614 PECAN PARK ROAD  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

1550 MADRUGA AVENUE, STE. 130  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 20-4641452

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KERN, JAMES W  
1550 MADRUGA AVENUE  
SUITE 130  
CORAL GABLES, FL 33146 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:** MGR  
**Name:** MATHIS, CAROLYN  
**Address:** 24648 HARBORVIEW DRIVE  
**City-St-Zip:** PONTE VEDRA, FL 32082

**Title:** MGR  
**Name:** KERN, JAMES W  
**Address:** 1550 MADRUGA AVENUE, STE. 130  
**City-St-Zip:** CORAL GABLES, FL 33146

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:** JAMES W KERN

MGR

01/04/2012

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