

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050340

Entity Name: 4237 SALISBURY ROAD LLC

FILED
Jan 21, 2008
Secretary of State

Current Principal Place of Business:

4237 SALISBURY ROAD
SUITE 100 BLDG 1
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4237 SALISBURY ROAD
SUITE 100 BLDG 1
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWEN, GEORGE E JR
144 FIRST AVE SOUTH SUITE 500
ST PETERSBURG, FL 33701 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: BUTTNER, EDWARD W IV
Address: 4632 CORRIENTES CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGRM () Delete
Name: HAMMOCK, MICHAEL T
Address: 434 TRIPLE CROWN LANE
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM () Delete
Name: CROPPER, M. STEVEN
Address: 8206 CUTTER PLACE
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

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: EDWARD W. BUTTNER IV

MGRM

01/21/2008

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