

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070387

Entity Name: 591MA, LLC

FILED
Mar 14, 2008
Secretary of State

Current Principal Place of Business:

3617 MONTCLAIR DRIVE
JACKSONVILLE, FL 32217

New Principal Place of Business:

7842 MONTEREY BAY DRIVE
JACKSONVILLE, FL 32256

Current Mailing Address:

3617 MONTCLAIR DRIVE
JACKSONVILLE, FL 32217

New Mailing Address:

7842 MONTEREY BAY DRIVE
JACKSONVILLE, FL 32256

FEI Number: 20-5213944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUDWIG & ASSOCIATES, P.A.
5150 BELFORT RD. S.
#500
JACKSONVILLE, FL 32256 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: MS () Delete
Name: DEVINE, KATHLEEN S
Address: 3617 MONTCLAIR DRIVE
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES:

Title: MS (X) Change () Addition
Name: DEVINE, KATHLEEN S
Address: 7842 MONTEREY BAY DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

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: KATHLEEN S DEVINE

MS

03/14/2008

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