2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2009
Secretary of State

DOCUMENT# L06000070387

Entity Name: 591MA, LLC

Current Principal Place of Business:

7842 MONTEREY BAY DRIVE
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7842 MONTEREY BAY DRIVE
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-5213944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEVINE, KATHLEEN
7842 MONTEREY BAY DRIVE
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: 7842 MONTEREY BAY DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: MS (X) Change ( ) Addition
Name: DEVINE, KATHLEEN S MANAGER
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 02/14/2009

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