2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L06000080244

Entity Name: RINCON, L.L.C.

Current Principal Place of Business:

370 4TH AVE. S.
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

3535 HENDRICKS AVENUE
JACKSONVILLE, FL 32207

Current Mailing Address:

P.O. BOX 2282
PONTE VEDRA, FL 32004

New Mailing Address:

P.O. BOX 2282
PONTE VEDRA BEACH, FL 32004

FEI Number: 56-2623890 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCRONE, BRIAN
370 4TH AVE. S.
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

SCRONE, BRIAN
3535 HENDRICKS AVENUE
JACKSONVILLE, FL 32207 US

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: 04/28/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SCRONE, BRIAN
Address: P.O. BOX 2282
City-St-Zip: PONTE VEDRA, FL 32004

Title: MGRM ( ) Delete
Name: SHEILS, JAMES
Address: P.O. BOX 2282
City-St-Zip: PONTE VEDRA BEACH, FL 32004

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SCRONE, BRIAN
Address: P.O. BOX 2282
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: MGRM (X) Change ( ) Addition
Name: SHEILS, JAMES N
Address: P.O. BOX 2282
City-St-Zip: PONTE VEDRA BEACH, FL 32004

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: BRAIN SCRONE MGR 04/28/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date