

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000080279

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: JACKSONVILLE WATERFRONT, LLC

**Current Principal Place of Business:**

1500 SAN REMO AVE., SUITE 201  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

1500 SAN REMO AVE.  
SUITE 201  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1500 SAN REMO AVE., SUITE 201  
CORAL GABLES, FL 33146

**New Mailing Address:**

1500 SAN REMO AVE.  
SUITE 201  
CORAL GABLES, FL 33146

FEI Number: 20-5733839

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAPLIN, TODD  
1500 SAN REMO AVE., SUITE 201  
CORAL GABLES, FL 33146 US

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

CAPLIN, TODD  
1500 SAN REMO AVE.  
SUITE 201  
CORAL GABLES, FL 33146 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:

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: CAPLIN, TODD  
Address: 1500 SAN REMO AVE  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES:**

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: TODD CAPLIN

PRES

04/28/2009

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