


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 24, 2007 8:00 am
Secretary of State

05-01-2007 90315 032 ****50.00

DOCUMENT # L06000094170 1. Entity Name SCENIC MARSH, L.L.C.					
Principal Place of Business 4971 SCENIC MARSH COURT JACKSONVILLE, FL 32226			Mailing Address 4971 SCENIC MARSH COURT JACKSONVILLE, FL 32226		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number Chg-LLC CR2E083 (12/06)				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent MCQUAIG, DAVID H 4745 SUTTON PARK COURT, SUITE 103 JACKSONVILLE, FL 32224	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PUTNAL, DIANNA E 4971 SCENIC MARSH COURT JACKSONVILLE, FL 32226 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Dianna E. Putnal</i> DIANNA E. PUTNAL, MGRM 4/27/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SHOWN MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					