2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# L06000112730

Entity Name: GREAT PROVIDENCE LLC

Current Principal Place of Business:

12240 LINDEN TREE CT.
JACKSONVILLE, FL 32246

New Principal Place of Business:

3545-1 ST. JOHNS BLUFF RD. S.
#185
JACKSONVILLE, FL 32224

Current Mailing Address:

3545-1 ST. JOHNS BLUFF RD. S.
#185
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 01-0884503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAPNIO, LYSANDRO O
12240 LINDEN TREE CT.
JACKSONVILLE, FL 32246 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: MGRM ( ) Delete
Name: TAPNIO, LYSANDRO O
Address: 3545-1 ST. JOHNS BLUFF RD. S.
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGR (X) Delete
Name: TAPNIO, NICCA P
Address: 3545- 1 ST. JOHNS BLUFF RD. S.
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TAPNIO, NICCA P
Address: 3545-1 ST. JOHNS BLUFF RD. S.
City-St-Zip: JACKSONVILLE, FL 32224

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: NICCA TAPNIO MGRM 02/25/2009

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