

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000004855

FILED
Aug 24, 2009
Secretary of State

Entity Name: JACKSONVILLE HARBOUR DEVELOPMENT, LLC

Current Principal Place of Business:

15051 PUNTA RASSA ROAD
FORT MYERS, FL 33908

New Principal Place of Business:

12333 UNIVERSITY AVENUE
CLIVE, IA 50325

Current Mailing Address:

15051 PUNTA RASSA ROAD
FORT MYERS, FL 33908

New Mailing Address:

12333 UNIVERSITY AVENUE
CLIVE, IA 50325

FEI Number: 20-8226178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLS, JAMES L ESQUIRE
8191 COLLEGE PARKWAY
SUITE 204
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

KANNENSOHN, JEFFREY S ESQUIRE
9132 STRADA PLACE
THIRD FLOOR
NAPLES, FL 34108 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: JEFFREY S. KANNENSOHN

08/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KNIGHT, STEEVEN C
Address: 15051 PUNTA RASSA ROAD
City-St-Zip: FORT MYERS, FL 33908

Title: MGR () Delete
Name: MCCANNA, RICHARD
Address: 15051 PUNTA ROSSA RD
City-St-Zip: FORT MYERS, FL 33908

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BASS, DOUGLAS R
Address: 12333 UNIVERSITY AVENUE
City-St-Zip: CLIVE, IA 50325

Title: MGR (X) Change () Addition
Name: CRICKON, JAMES T
Address: 12333 UNIVERSITY AVENUE
City-St-Zip: CLIVE, IA 50325

Title: MGR () Change (X) Addition
Name: EPPS, LAURIE
Address: 12333 UNIVERSITY AVENUE
City-St-Zip: CLIVE, IA 50325

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: JAMES T. CRICKON

MGR

08/24/2009

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