


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90156 044 ***138.75

DOCUMENT # L07000015502					
1. Entity Name NEIGHBORHOOD HOMES OF NORTHEAST FLORIDA, LLC					
Principal Place of Business 4401 EMERSON STREET STE 1 JACKSONVILLE, FL 32207			Mailing Address 4401 EMERSON STREET STE 1 JACKSONVILLE, FL 32207		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-8523729	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CURLEY, CHARLES R JR ESQ 1301 RIVERPLACE BLVD STE 1500 JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name CAROLYN W. ETTLINGER Street Address (P.O. Box Number is Not Acceptable) 4401 EMERSON ST City JACKSONVILLE FL Zip Code 32207		
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 <u>CAROLYN W. ETTLINGER</u> DATE <u>4/15/08</u> <small>Signature typed or printed name of registered agent and is not applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED LIST <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>CAROLYN W. ETTLINGER</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			EXECUTIVE DIRECTOR <u>4/15/08</u> 3984424 <small>Date Daytime Phone #</small>		

ATTACHMENT

50004657

#L07000015302

Officers and Directors

President

Whitner, John

225 Water Street, 2nd Floor

Jacksonville, FL 32202

Vice President

Maxwell, Pamela

801 W. Bay Street

Jacksonville, FL 32204

Treasurer

Schofield, Jane

1354 N. Laura Street

Jacksonville, FL 32206

Secretary

Brown, Joyce

2121 Thomas Court

Jacksonville, FL 32207

Executive Director

Ettlinger, Carolyn

4401 Emerson Street

Jacksonville, FL 32207