2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015502

Current Principal Place of Business:

SCHOFIELD, JANE

1354 N LAURA ST

BROWN, JOYCE

2121 THOMAS COURT

ETTLINGER, CAROLYN

4401 EMERSON ST

JACKSONVILLE, FL 32207

JACKSONVILLE, FL 32207

JACKSONVILLE, FL 32206

(X) Delete

() Delete

Name:

Title:

Title:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: NEIGHBORHOOD HOMES OF NORTHEAST FLORIDA, LLC

FILED Jun 24, 2009 Secretary of State

New Principal Place of Business:

SCOFIELD, JANE

1354 N LAURA ST

HAMPEL, HARRY K

4401 EMERSON ST

JACKSONVILLE, FL 32207

PRES

JACKSONVILLE, FL 32206

() Change () Addition

(X) Change () Addition

4401 EMER JACKSON\			E 1				
Current Mailing Address:				New Mailing Address:			
4401 EMER JACKSON\			E 1				
FEI Number: 20-8523729 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.							
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
ETTLINGEI 4401 EMER JACKSON\	RSON ST		US		HAMPEL, I 4401 EMEI JACKSON	HARRY K RSON ST VILLE, FL	32207 US
The above in the State			its this statement for the	purpose of	f changing i	ts registere	d office or registered agent, or both
SIGNATURE: HARRY K. HAMPEL					06/24/2009		
	Elec	tronic Si	gnature of Registered A	gent			Date
MANAGING MEMBERS/MANAGERS:					ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	P WHITNER, 225 WATE JACKSON	R ST 2ND	FL		Title: Name: Address: City-St-Zip:		(X) Change () Addition ALLAN E R ST SUITE 1800 IILLE, FL 32202
Title: Name: Address: City-St-Zip:	VP MAXWELL 801 W BAY JACKSON	Ý ST			Title: Name: Address: City-St-Zip:		() Change () Addition
Title:	Т	() Delet	e		Title:	Т	(X) Change () Addition

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.

Name:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: ALLAN E. WULBERN AW 06/24/2009