

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90071 023 \*\*\*138.75

**DOCUMENT # L07000020845**

1. Entity Name  
**NORTHSIDE PROPERTIES, LLC**



Principal Place of Business  
**9250 BAYMEADOWS ROAD, #400  
JACKSONVILLE, FL 32256-8813**

Mailing Address  
**9250 BAYMEADOWS ROAD, #400  
JACKSONVILLE, FL 32256-8813**

**30003573**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**20-8548126** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TREDINICK, SUE B  
9250 BAYMEADOWS ROAD, #400  
JACKSONVILLE, FL 32256-8813**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**MB RM  
St Johns Trading Company, Inc.  
9250 Baymeadows Road, Suite 400  
Jacksonville FL 32256**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:**

*Mary VanKampen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-7-08**  
Date

**904-731-9591**  
Daytime Phone #

# ATTACHMENT

30003573

#1076000020845

Officers for St. Johns Trading Company, Inc. as follows:

Sue B. Tredinick, President, St. Johns Trading Company, Inc.  
9250 Baymeadows Road, Suite 400  
Jacksonville, FL 32256

Pamela A. Tredinick, Vice President, St. Johns Trading Company, Inc.  
9250 Baymeadows Road, Suite 400  
Jacksonville, FL 32256

Mary J. VanKempen, Secretary/Treasurer, St. Johns Trading Company, Inc.  
9250 Baymeadows Road, Suite 400  
Jacksonville, FL 32257