2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000022483

1. Entity Name
ANDY'S PLACE PARTNERS, LLC

FILED
08 SEP 17 AM 8:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
660 PARK STREET JACKSONVILLE FL 32204 US	660 PARK STREET JACKSONVILLE, FL 32204 US

09102008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P O Box #	3. Mailing Address
2055 Reyko Road	Attn: Fiscal Dept.
Suite Apt # etc: Suite 101	Suite Apt # etc: (same)
City & State: Jacksonville FL	City & State
Zip: 32207 Country: Duval	Zip Country

4 FEI Number: 20-8534035 ☐ 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
SAXON, BERNICE S ESQ 201 E. KENNEDY BOULEVARD SUITE 600 TAMPA, FL 33602	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: N/A
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
Due by September 12, 2008

In accordance with s. 607.193(2)(b) F.S. the limited liability company did not receive the prior notice

Make check payable to: Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RIVER REGION HUMAN SERVICES INC 660 PARK STREET JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2055 Reyko Road, Suite 101 Jacksonville FL 32207	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Derya E. Williams 2055 Reyko Road, Suite 101 Jacksonville FL 32207	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	L. SELLERS	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEP 18 2008 EXAMINER	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900136160909 09/19/08--01048--009 **138.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / 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: _____ (904) 899-6300 ext 4113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #