

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000044514

FILED  
Jan 31, 2008  
Secretary of State

Entity Name: M-304 REUNION SQUARE, LLC

## Current Principal Place of Business:

200 OCEAN CREST DRIVE #418  
PALM COAST, FL 32137

## New Principal Place of Business:

3 OAKVIEW CIRCLE EAST  
PALM COAST, FL 32137

## Current Mailing Address:

200 OCEAN CREST DRIVE #418  
PALM COAST, FL 32137

## New Mailing Address:

3 OAKVIEW CIRCLE EAST  
PALM COAST, FL 32137

FEI Number: 20-8952726

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAY, JONATHAN L  
1548 LANCASTER TERRACE  
JACKSONVILLE, FL 32204 US

## Name and Address of New Registered Agent:

HARLAN, THOMAS E  
3 OAKVIEW CIRCLE EAST  
PALM COAST, FL 32137 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: THOMAS E. HARLAN

01/31/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

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

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: HARLAN, THOMAS E  
Address: 3 OAKVIEW CIRCLE EAST  
City-St-Zip: PALM COAST, FL 32137

Title: MGRM ( ) Change (X) Addition  
Name: JAM HOLDINGS, LLC,  
Address: 210 VISTA COURT  
City-St-Zip: POTTSBORO, TX 75076

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: THOMAS E. HARLAN

MGRM

01/31/2008

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