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Secretary of State
03-10-2008 90336 045 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/1

30003216

DOCUMENT # L07000045898

1. Entity Name
1100, LLC

Principal Place of Business	Mailing Address
1200 PLANTATION ISLAND DR, SUITE 120 ST. AUGUSTINE, FL 32080	1200 PLANTATION ISLAND DR, SUITE 120 ST. AUGUSTINE, FL 32080

_02062008_ _Chg-LLC_____CR2E083 (12/06)_____

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 75-3241516 ☐ 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
HARDY, RICHARD L 1200 PLANTATION ISLAND DR, SUITE 120 ST. AUGUSTINE, FL 32080	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGRM BARNARD, THOMAS A 2639 OAK STREET JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING ~~Member~~ member RICHARD L HARDY 1200 PLANTATION ISLAND DR STE120 ST. AUGUSTINE, FL. 32080	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DUNN, WILLIAM J 2639 OAK STREET JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	member YANET PANTALEON 168 HERONS WEST LANE ST. AUGUSTINE, FL 3	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MAVROFRIDES, ELIAS C 2639 OAK STREET JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MORENO, RUAL J 2639 OAK STREET JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM STAMAN, JAMES A 2639 OAK STREET JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SULLIVAN, JOHN P 2639 OAK STREET JACKSONVILLE, FL 32204	☐ 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: R L Hardy RICHARD L. HARDY 2/7/08 904 461 1640
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #