

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057509

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: MANDARIN CROSSINGS, LLC

**Current Principal Place of Business:**

4495 ROOSEVELT BOULEVARD  
#110  
JACKSONVILLE, FL 32210 US

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: J. ALLYN SIMMONS, JR.  
4495 ROOSEVELT BOULEVARD, #110  
JACKSONVILLE, FL 32210 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HEEKIN, M. MARK ESQUIRE  
4540 SOUTHSIDE BOULEVARD  
SUITE 702  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

HEEKIN, M. MARK ESQUIRE  
11512 LAKEMEAD AVE BLDG #100  
JACKSONVILLE, FL 32256 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: J ALLYN SIMMONS

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SIMMONS, J. ALLYN JR.  
Address: 4495 ROOSEVELT BOULEVARD, #110  
City-St-Zip: JACKSONVILLE, FL 32210 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: J ALLYN SIMMONS

MGRM

04/27/2009

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