

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000098889

FILED
May 22, 2008
Secretary of State**Entity Name:** DELLA PORTA ORGANIZATION, LLC**Current Principal Place of Business:**7807 BAYMEADOWS ROAD EAST
SUITE 301
JACKSONVILLE, FL 32256 US**New Principal Place of Business:****Current Mailing Address:**7807 BAYMEADOWS ROAD EAST
SUITE 301
JACKSONVILLE, FL 32256 US**New Mailing Address:****FEI Number:** 35-2314942**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LEONARD, BARBARA M
7807 BAYMEADOWS ROAD EAST
301
JACKSONVILLE, FL 32256 US**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent_____
Date**MANAGING MEMBERS/MANAGERS:****Title:** MGRM () Delete
Name: DELLA PORTA, VERONICA M
Address: 7807 BAYMEADOWS ROAD EAST, SUITE 301
City-St-Zip: JACKSONVILLE, FL 32256 US**Title:** S () Delete
Name: LEONARD, BARBARA M
Address: 7807 BAYMEADOWS ROAD EAST, SUITE 301
City-St-Zip: JACKSONVILLE, FL 32256**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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: BARBARA M LEONARD

SEC

05/22/2008

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