

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000100636

**FILED**  
**Mar 05, 2010**  
**Secretary of State**

**Entity Name:** GITTINGS COLONIAL DRIVE, LLC

**Current Principal Place of Business:**

% ROBERT L. GITTINGS JR.  
840 S. EDGEWOOD AVE. SUITE 216  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

% ROBERT L. GITTINGS JR.  
840 S. EDGEWOOD AVE. SUITE 216  
JACKSONVILLE, FL 32205

**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:**

GITTINGS, ROBERT L JR.  
% GITTINGS, SCHUETH & GRUNTHAL  
840 S. EDGEWOOD AVE. SUITE 216  
JACKSONVILLE, FL 32205 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  
Name: GITTINGS, ROBERT L JR.  
Address: 840 S. EDGEWOOD AVE. SUITE 216  
City-St-Zip: JACKSONVILLE, FL 32205

I hereby 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: ROBERT GITTINGS                      PRES                      03/05/2010

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