


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 03, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90036 020 \*\*\*138.75

<b>DOCUMENT # L07000118111</b> 1. Entity Name <b>RUNAWAY ISLAND PROPERTIES LLC</b>																																																																																					
Principal Place of Business <b>2066 HOLLY OAKS RIVER DRIVE JACKSONVILLE, FL 32225</b>			Mailing Address <b>PO BOX 351209 JACKSONVILLE, FL 32235</b>																																																																																		
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																																																																																		
6. Name and Address of Current Registered Agent  <b>OUREDNIK, KAREL IV, ESQ OUREDNIK LAW OFFICES, P.A. 317 4TH AVENUE NORTH JACKSONVILLE BEACH, FL 32250</b>				7. Name and Address of New Registered Agent Name <b>Karel Ourednik IV, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Ourednik Law Offices, PA</b> <b>5000 Sawgrass Village Circle Suite 6</b> <b>Fort Vedral Beach FL 32082</b>																																																																																	
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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____																																																																																					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>																																																																																		
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE</td> <td style="width: 40%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;">STREET ADDRESS</td> <td style="width: 10%; padding: 2px;">CITY - ST - ZIP</td> <td style="width: 10%; padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><b>Manager</b></td> <td><b>2066 Holly Oaks River Drive</b></td> <td><b>Jacksonville, FL 32225</b></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>Manager</b>	<b>2066 Holly Oaks River Drive</b>	<b>Jacksonville, FL 32225</b>																																10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE</td> <td style="width: 40%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;">STREET ADDRESS</td> <td style="width: 10%; padding: 2px;">CITY - ST - ZIP</td> <td style="width: 10%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
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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: <u><i>David Lopez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u>3/10/08</u> <u>904-721-3300</u> <small>Daytime Phone #</small>																																																																																	

**30008561**



03102008 Chg-LLC CR2E083 (12/06)

4. FEI Number **74-3251869** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required