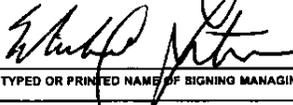


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90095 041 \*\*\*138.75

|  |                                      |                     |  |   |                 |
|--|--------------------------------------|---------------------|--|---|-----------------|
| <b>DOCUMENT # L07000120859</b>   |                                      |                     |  |  |                 |
| 1. Entity Name<br>YAMATO ROAD TOD, LLC   |                                      |                     |  |   |                 |
| Principal Place of Business<br>118 WEST ADAMS STREET<br>SUITE 700<br>JACKSONVILLE, FL 32202 US   |                                      |                     | Mailing Address<br>118 WEST ADAMS STREET<br>SUITE 700<br>JACKSONVILLE, FL 32202 US |   |                 |
| 2. Principal Place of Business - No P.O. Box #   |                                      | 3. Mailing Address  |  |   |                 |
| Suite, Apt. #, etc.  |                                      | Suite, Apt. #, etc. |  |   |                 |
| City & State   |                                      | City & State        |  | 02052008 Chg-LLC CR2E083 (12/06)  |                 |
| Zip  |                                      | Country             |  | 4. FEI Number<br>14-2013144   |                 |
|  |                                      |                     |  | Applied For<br>Not Applicable   |                 |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                      |                     |  | \$5.00 Additional Fee Required  |                 |
| 6. Name and Address of Current Registered Agent  |                                      |                     | 7. Name and Address of New Registered Agent  |   |                 |
| LANGTON, MICHAEL E<br>118 WEST ADAMS STREET<br>SUITE 700<br>JACKSONVILLE, FL 32202   |                                      |                     | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                                      |                     |  |   |                 |
| Signature, typed or printed name of registered agent and title if applicable.  |                                      |                     | DATE   |   |                 |
| <b>FILE NOW!!! FEE IS \$138.75</b>   |                                      |                     | <b>Make check payable to Florida Department of State</b>                           |   |                 |
| <b>After May 1, 2008 Fee will be \$538.75</b>  |                                      |                     |  |   |                 |
| 9. MANAGING MEMBERS/MANAGERS   |                                      |                     | 10. ADDITIONS/CHANGES  |   |                 |
| TITLE  | MGRM <input type="checkbox"/> Delete | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |   |                 |
| NAME   | LB JAX DEVELOPMENT, L.L.C.           | NAME                |  |   |                 |
| STREET ADDRESS   | 118 WEST ADAMS STREET, SUITE 700     | STREET ADDRESS      |  |   |                 |
| CITY-ST-ZIP  | JACKSONVILLE, FL 32202               | CITY-ST-ZIP         |  |   |                 |
| TITLE  | MGRM <input type="checkbox"/> Delete | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |   |                 |
| NAME   | ATLANTIC COAST DEVELOPERS, L.L.C.    | NAME                |  |   |                 |
| STREET ADDRESS   | 2008 RIVERSIDE AVENUE, SUITE 300     | STREET ADDRESS      |  |   |                 |
| CITY-ST-ZIP  | JACKSONVILLE, FL 32204               | CITY-ST-ZIP         |  |   |                 |
| TITLE  | <input type="checkbox"/> Delete      | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |   |                 |
| NAME   |                                      | NAME                |  |   |                 |
| STREET ADDRESS   |                                      | STREET ADDRESS      |  |   |                 |
| CITY-ST-ZIP  |                                      | CITY-ST-ZIP         |  |   |                 |
| TITLE  | <input type="checkbox"/> Delete      | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |   |                 |
| NAME   |                                      | NAME                |  |   |                 |
| STREET ADDRESS   |                                      | STREET ADDRESS      |  |   |                 |
| CITY-ST-ZIP  |                                      | CITY-ST-ZIP         |  |   |                 |
| TITLE  | <input type="checkbox"/> Delete      | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |   |                 |
| NAME   |                                      | NAME                |  |   |                 |
| STREET ADDRESS   |                                      | STREET ADDRESS      |  |   |                 |
| CITY-ST-ZIP  |                                      | CITY-ST-ZIP         |  |   |                 |
| TITLE  | <input type="checkbox"/> Delete      | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |   |                 |
| NAME   |                                      | NAME                |  |   |                 |
| STREET ADDRESS   |                                      | STREET ADDRESS      |  |   |                 |
| CITY-ST-ZIP  |                                      | CITY-ST-ZIP         |  |   |                 |
| 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:  MICHAEL LANGTON   |                                      |                     | 2/6/08   |   | 904.598.1368    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                                      |                     | Date   |   | Daytime Phone # |