

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125147

FILED
Jan 24, 2009
Secretary of State

Entity Name: SCOTT & ASSOCIATES OF ORANGE PARK LLC

Current Principal Place of Business:

9002 NEEDLEPOINT PLACE
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

9002 NEEDLEPOINT PLACE
JACKSONVILLE, FL 32244

New Mailing Address:

9002 NEEDLEPOINT PL.
JACKSONVILLE, FL 32244

FEI Number: 59-3155621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, RICHARD M
9002 NEEDLEPOINT PLACE
JACKSONVILLE, FL 32244 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: SCOTT, RICHARD M
Address: 9002 NEEDLEPOINT PL.
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGR () Delete
Name: SCOTT, RICHARD F
Address: 9002 NEEDLEPOINT PL.
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGR () Delete
Name: SCOTT, TERESA M
Address: 9002 NEEDLEPOINT PL.
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES:

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

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: RICHARD M. SCOTT

MGRM

01/24/2009

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