

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000003809

FILED
May 05, 2009
Secretary of State

Entity Name: ESSEX INNOVATION GROUP, LLC

Current Principal Place of Business:

4235 MARSH LANDING BLVD., SUITE 232
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

200 EXECUTIVE WAY
SUITE 214
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

4235 MARSH LANDING BLVD., SUITE 232
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

200 EXECUTIVE WAY
SUITE 214
PONTE VEDRA BEACH, FL 32082

FEI Number: 35-2326105 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: LEDENHOUR, LUTHER H
Address: 4235 MARSH LANDING BLVD., SUITE 232
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RIDENHOUR, LUTHER H
Address: 1214 SALT CREEK ISLAND DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: LUTHER H RIDENHOUR

MGRM

05/05/2009

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