2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# L08000023072

Entity Name: FLEMING & COMPANY, LLC

Current Principal Place of Business:

4181 SOUTH POINT DR, E
JACKSONVILLE, FL 32256

New Principal Place of Business:

4181 SOUTH POINT DR, E
400
JACKSONVILLE, FL 32256

Current Mailing Address:

P. O. BOX 1623
PONTE VEDRA, FL 32004

New Mailing Address:

FEI Number: 26-2331341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOCKE, PETER
348 SAWMILL LANE
PONTE VEDRA, FL 32082 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: MOCKE, PETER
Address: 348 SAWMILL LANE
City-St-Zip: PONTE VEDRA, FL 32082

Title: MGRM ( ) Delete
Name: FRANCIS, JAMES
Address: 4284 MCGIRTS BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM ( ) Delete
Name: SKINNER, CHRISTOPHER F
Address: 1915 EPPING FOREST WAY S
City-St-Zip: JACKSONVILLE, FL 32217

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: PETER MOCKE MGRM 02/13/2009

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