

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000046686

**FILED**  
**Jan 14, 2011**  
**Secretary of State**

**Entity Name:** NOCHAWAY MITIGATION PRESERVE, LLC

**Current Principal Place of Business:**

841 PRUDENTIAL DRIVE, SUITE 1430  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

3168 US HWY 17 S., SUITE E  
ORANGE PARK, FL 32003

**Current Mailing Address:**

841 PRUDENTIAL DRIVE, SUITE 1430  
JACKSONVILLE, FL 32207

**New Mailing Address:**

3168 US HWY 17 S., SUITE E  
ORANGE PARK, FL 32003

**FEI Number:** 26-2581932

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

STONEBURNER, GRESHAM R  
841 PRUDENTIAL DRIVE, SUITE 1430  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

STONEBURNER, GRESHAM R  
841 PRUDENTIAL DRIVE, SUITE 1400  
JACKSONVILLE, FL 32207 US

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:

01/14/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NOCHAWAY MITIGATION PROVIDERS, LLC  
Address: 3168 US HWY 17 S., SUITE E  
City-St-Zip: ORANGE PARK, FL 32003

I hereby 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: NOCHAWAY MITIGATION PROVIDERS, LLC

MGRM

01/14/2011

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