

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000052033

FILED
Feb 23, 2009
Secretary of State

Entity Name: 681 ST. CLAIR, LLC

Current Principal Place of Business:

6053 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

6053 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 26-2833944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUSS, ROBERT V
C/O TAYLOR, STEWART, ET AL.
1050 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204 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: PST () Delete
Name: MEADOWS, JOHN C JR.
Address: 6053 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL 32211

Title: V (X) Delete
Name: MEADOWS, PAUL
Address: 6053 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL 32211

Title: ASAT (X) Delete
Name: MEADOWS, PAUL
Address: 6053 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES:

Title: PST (X) Change () Addition
Name: MEADOWS, PAUL D
Address: 6053 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL 32211

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: PAUL D. MEADOWS

PRES

02/23/2009

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