

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000063420

FILED
Jul 07, 2009
Secretary of State

Entity Name: 126 WEST ADAMS STREET, LLC

Current Principal Place of Business:

126 WEST ADAMS STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

126 WEST ADAMS STREET
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 26-3516950 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:

Name and Address of New Registered Agent:

F & L CORP
ONE INDEPENDANCE DRIVE STE 1300
JACKSONVILLE, FL 322025017 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: D () Change (X) Addition
Name: COTNEY, HUGH
Address: 233 E. BAY STREET, SUITE 905
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Change (X) Addition
Name: DUVALL, JOHN
Address: 225 WATER STREET, SUITE 710
City-St-Zip: JACKSONVILLE, FL 32203

Title: D () Change (X) Addition
Name: HARRELL, RENEE
Address: 4735 SUNBEAM ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Change (X) Addition
Name: SLATER, THOMAS
Address: ONE INDEPENDENT DRIVE, STE 1900
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Change (X) Addition
Name: MURPHY, VICKEY
Address: 1015 NORTH LIBERTY STREET
City-St-Zip: JACKSONVILLE, FL 32206

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: THOMAS SLATER

D

07/07/2009

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