2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L08000078859

Entity Name: AG PLUS OF NORTH FLORIDA, LLC

Current Principal Place of Business:

960 ROGERO ROAD
SUITE 3
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

960 ROGERO ROAD
SUITE 3
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 26-3186466 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HATHAWAY & REYNOLDS, P.A.
115 PROFESSIONAL DRIVE
SUIRE 101
PONTE VEDRA BEACH, 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: ECTON, JAMES W
Address: 505 COUNTRY CLUB COURT
City-St-Zip: WINCHESTER, KY 40391

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ECTON, JAMES W
Address: 6255 BROOKS CIR N
City-St-Zip: JACKSONVILLE, FL 32211

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: JAMES W. ECTON MGRM 04/20/2009

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