

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000095167

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE JACKSONVILLE PRINCESS II, LLC

Current Principal Place of Business:

12106 CEDAR TRACE DR S
JACKSONVILLE, FL 32246

New Principal Place of Business:

1201 RIVERPLACE BOULEVARD
JACKSONVILLE, FL 32207

Current Mailing Address:

12106 CEDAR TRACE DR S
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 26-3635806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE SPIRIT OF HOSPITALITY, LLC
12106 CEDAR TRACE DR S
JACKSONVILLE, FL 32246 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: SANTIAGO, BERNARDINO A III
Address: 12106 CEDAR TRACE DR S
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM () Delete
Name: STONESTREET, NICHOLAS A
Address: 2120 CORPORATE SQUARE BLVD STE 24
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FAJARDO-SANTIAGO, MAYDELL M
Address: 12106 CEDAR TRACE DR S
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM (X) Change () Addition
Name: SANTIAGO, BERNARDINO A III
Address: 12106 CEDAR TRACE DR. S.
City-St-Zip: JACKSONVILLE, FL 32246

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: MAYDELL M FAJARDO-SANTIAGO

MGRM

04/28/2009

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