

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000128473

FILED  
Apr 15, 2011  
Secretary of State

Entity Name: 8335 FORT CAROLINE ROAD LLC

**Current Principal Place of Business:**

1405 RIVER BLUFF ROAD NORTH  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

1405 RIVER BLUFF ROAD NORTH  
JACKSONVILLE, FL 32211

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

JORGENSEN, MIKE  
11250 ST. AUGUSTINE ROAD, #15353  
JACKSONVILLE, FL 32257 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  
Name: NEWTON, SUSAN  
Address: 1405 RIVER BLUFF ROAD NORTH  
City-St-Zip: JACKSONVILLE, FL 32211

Title: MGRM  
Name: CALCAGNI, MARY  
Address: 3951 SARAH BROOKE COURT  
City-St-Zip: JACKSONVILLE, FL 32277

Title: MGRM  
Name: SHOOK, NANCY  
Address: 6038 STETSON ROAD  
City-St-Zip: JACKSONVILLE, FL 32217

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: SUSAN NEWTON

MGRM

04/15/2011

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