

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L93000000307

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: MAYPORT HOUSING LIMITED COMPANY

## Current Principal Place of Business:

1700 MINDANAO DR.  
#1602  
JACKSONVILLE, FL 32246

## Current Mailing Address:

1700 MINDANAO DR.  
#1602  
JACKSONVILLE, FL 32246

## New Principal Place of Business:

1015 ATLANTIC BLVD  
#283  
ATLANTIC BEACH, FL 32233

## New Mailing Address:

1015 ATLANTIC BLVD  
#283  
ATLANTIC BEACH, FL 32233

FEI Number: 11-2824519

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BIRCH, JOSEPH M JR  
1700 MINDANAO DR.  
#1602  
JACKSONVILLE, FL 32246 US

## Name and Address of New Registered Agent:

BIRCH, JOSEPH M JR  
1015 ATLANTIC BLVD  
#283  
ATLANTIC BEACH, FL 32233 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:

04/16/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MAYPORT HOUSING LIM, TED COMPANY  
Address: 1700 MINDANAO DR, #1602.  
City-St-Zip: JACKSONVILLE, FL 32246

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MAYPORT HOUSING LIM, TED COMPANY  
Address: 1015 ATLANTIC BLVD #283  
City-St-Zip: ATLANTIC BEACH, FL 32233

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: PETER R. PERPIGNANO

MGMR

04/16/2008

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