


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90064 023 \*\*\*138.75

<b>DOCUMENT # L99000001108</b>	
1. Entity Name THE RESERVE AT JAMES ISLAND, LC	

Principal Place of Business 10961 BURNT MILL DRIVE JACKSONVILLE, FL 32256	Mailing Address 10961 BURNT MILL ROAD JACKSONVILLE, FL 32256
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address 10961 Burnt Mill Rd. Suite, Apt. #, etc. # 1328 City & State Jacksonville, FL Zip 32256 Country U.S.
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01182008 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3603832	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BERT C. SIMON, ESQUIRE GARTNER, BROCK AND SIMON 1600 PRUDENTIAL DRIVE, STE. #203 JACKSONVILLE, FL 32207
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7. Name and Address of New Registered Agent Name Lynda R. Aycock, Esquire Street Address (P.O. Box Number is Not Acceptable) Rogers Towers, P.A. 1301 Riverplace Blvd., Ste. 1500 City Jacksonville FL Zip Code 32207
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/24/08  
DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLIANCE CORP 10961 BURNT MILL ROAD JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** Alliance Corp President, AS Manager 1-21-08 904 997 0997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #