2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000002711

1. Entity Name
NC JACKSONVILLE OFFICE SUITE LLC

60012796

Principal Place of Business	Mailing Address
14 FRANKLIN STREET, SUITE 800 ROCHESTER, NY 14604	14 FRANKLIN STREET, SUITE 800 ROCHESTER, NY 14604

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

02252008   Chg-LLC   CR2E083 (12/06)

Zip	Country	Zip	Country

4. FEI Number 26-0237698
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

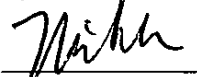| **6. Name and Address of Current Registered Agent**	**7. Name and Address of New Registered Agent**
INCORPORATING SERVICES, LTD. 1540 GLENWAY DRIVE TALLAHASSEE, FL 32301	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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)   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 MGRM NAME COSTANZA, NICHOLAS STREET ADDRESS 14 FRANKLIN STREET, SUITE 800 CITY-ST-ZIP ROCHESTER, NY 14604	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #