


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L0000002643</b><br>1. Entity Name<br>1621 VENTURE, LLC |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br>ONE SAN JOSE PLACE<br>SE 7<br>JACKSONVILLE FL 32257 | Mailing Address<br>ONE SAN JOSE PLACE<br>SE 7<br>JACKSONVILLE FL 32257 |
|--|--|



|  |                     |  |
|--|---------------------|--|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  | 1st MOORE CR2E083 (10/06)  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |  |
| City & State                                   | City & State        | 4. FEI Number <b>59-3632577</b>  |
| Zip  | Country             | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required<br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |

|  |   |
|--|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>SMITH, V. HAWLEY JR.<br>ONE SAN JOSE PL. #7<br>JACKSONVILLE FL 32257 | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P O Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS |                                    |
|------------------------------|------------------------------------|
| TITLE                        | P <input type="checkbox"/> Delete  |
| NAME                         | STOKES, E. CHESTER JR.             |
| STREET ADDRESS               | 4315 PABLO OAKS CT., STE 1         |
| CITY- ST- ZIP                | JACKSONVILLE FL 32224              |
| TITLE                        | VS <input type="checkbox"/> Delete |
| NAME                         | SMITH, V. HAWLEY JR.               |
| STREET ADDRESS               | ONE SAN JOSE PL. #7                |
| CITY- ST- ZIP                | JACKSONVILLE FL 32257              |
| TITLE                        | <input type="checkbox"/> Delete    |
| NAME                         |                                    |
| STREET ADDRESS               |                                    |
| CITY- ST- ZIP                |                                    |
| TITLE                        | <input type="checkbox"/> Delete    |
| NAME                         |                                    |
| STREET ADDRESS               |                                    |
| CITY- ST- ZIP                |                                    |
| TITLE                        | <input type="checkbox"/> Delete    |
| NAME                         |                                    |
| STREET ADDRESS               |                                    |
| CITY- ST- ZIP                |                                    |

| 10. ADDITIONS/CHANGES |   |
|-----------------------|---|
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |   |
| STREET ADDRESS        | U00000744369  |
| CITY- ST- ZIP         | 05/15/07-80145-023 50.00  |
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |   |
| STREET ADDRESS        |   |
| CITY- ST- ZIP         |   |
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |   |
| STREET ADDRESS        |   |
| CITY- ST- ZIP         |   |
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |   |
| STREET ADDRESS        |   |
| CITY- ST- ZIP         |   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *V. Hawley Smith* 4-24-07 904-268-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #