


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90366 039 \*\*\*\*50.00

**DOCUMENT # L03000031712**

1. Entity Name  
 6867 BELFORT OAKS PLACE, LLC



Principal Place of Business  
 6867 BELFORT OAKS PLACE  
 JACKSONVILLE, FL 32216

Mailing Address  
 6867 BELFORT OAKS PLACE  
 JACKSONVILLE, FL 32216

2. Principal Place of Business  
 6890 Belfort Oaks Place  
 Suite, Apt. #, etc.

3. Mailing Address  
 6890 Belfort Oaks Place  
 Suite, Apt. #, etc.

City & State

Zip Country

4222005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**NOT APPLICABLE**

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STONEBURNER BERRY & SIMMONS, P.A.  
 841 PRUDENTIAL DR, STE 140  
 JACKSONVILLE, FL 32207

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 \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARREN, SCOTT D 6867 BELFORT OAKS PLACE JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6890 Belfort Oaks Place <input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **1 Scott D. Warren, MGR, 4/27/05 (904) 2961313**

Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #