

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90101 019 \*\*\*138.75

**DOCUMENT # L05000094638**

1. Entity Name  
3900 COUNTY LINE ROAD, L.L.C.



Principal Place of Business  
801 MAPLEWOOD DRIVE, SUITE 17  
JUPITER, FL 33458

Mailing Address  
801 MAPLEWOOD DRIVE, SUITE 17  
JUPITER, FL 33458

**50002908**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

NOT APPLICABLE

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

GIRVIN, D.R. ESQ.  
OCEANSIDE PROFESSIONAL CENTRE  
1080 EAST INDIANTOWN ROAD, SUITE 105  
JUPITER, FL 33477

Name

Street Address (P.O. Box Number is Not Acceptable)

108 INTRACOASTAL POINTE DRIVE  
STE 300

City

JUPITER

FL

Zip Code  
33477

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MORRIS, JOHN E  
801 MAPLEWOOD DRIVE, SUITE 17  
JUPITER, FL 33458 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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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

8/8/08

5615751440

Date

Daytime Phone #