## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME O

## May 09, 2007 8:00 am DOCUMENT # L0000001618 Secretary of State 05-09-2007 90028 014 \*\*\*\*55.00 JEFF MCCARTNEY, LLC Principal Place of Business Mailing Address 9770 PRESTON TRAIL WEST P.O BOX 3419 PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32004 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite Apt. # etc 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 06-1486468 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Cortificate of Status Dosired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Addross (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City Zip Coda 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, typed or printed name of registered agent and little it applicable. (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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES g 10. 10114 Delete Change Addition MGRM NAMI DUKE, THOMAS J STREET ADDRESS 9770 PRESTON TRAIL W STRIFFADORESS CHY-ST-7IP CHY ST ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete ☐ Change Addition HIII THEF eah Gillette - Dike NAME STREET ADDRESS STREET ADDRESS CRY-ST-76 CHY SL-DP THE ☐ Change Delete HIO Addition NAME NAME STREET ADORESS STREET ADDRESS CHY-SI-ZIP Cffr-S1-7ii ☐ Delete THUE THIE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY-ST-7IP Delete Addition TITLE. HILLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY S1-7IP IIItE ☐ Change ☐ Delete 10018 ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY SI-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. I further certify that the information indicated on this report is true and accurate and that my signatore shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**