

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000003170

1. Entity Name
GARDENS OF JULINGTON, LLC



Principal Place of Business
9471 BAYMEADOWS ROAD, SUITE 403
JACKSONVILLE, FL 32256

Mailing Address
9471 BAYMEADOWS ROAD, SUITE 403
JACKSONVILLE, FL 32256



01242005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3694842

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

YOUNG, JAMES R
9471 BAYMEADOWS ROAD, SUITE 403
JACKSONVILLE, FL 32256

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE _____

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

1100000263948
03/15/05-80007-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
YOUNGLAND GROUP INC.
9471 BAYMEADOWS RD #403
JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
JOHNS, A J
3225 ANNISTON RD
JACKSONVILLE, FL 32246

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
JOHNS, MARK V
3225 ANNISTON RD
JACKSONVILLE, FL 32246

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SCHMITT, RYAN M
3225 ANNISTON RD
JACKSONVILLE, FL 32246

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/15/05

993-2387