

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90159 032 \*\*\*\*50.00

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

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

Signature, typed or printed name of registered agent and title if 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, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:**

*James R Young*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*2-28-03*

*904-993-2387*

CR2E083 (10/02)