

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000003171

1. Entity Name
HIDEAWAY, LLC



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

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



02132004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3666644

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
due by May 1, 2004

U000000074217
03/03/04-80010-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME TOUNG LAND GROUP INC
STREET ADDRESS 9471 BAYMEADOWS ROAD, SUITE 403
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE MEM
NAME JOHNS, AJ
STREET ADDRESS 6225 ANNISTON RD
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE MEM
NAME JOHNS, MARK V
STREET ADDRESS 6225 ANNISTON RD
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE MEM
NAME SCHMITT, RYAN M
STREET ADDRESS 6225 ANNISTON RD
CITY-ST-ZIP 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)(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:

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

Date

Daytime Phone #

James R. Young
James R. Young President

2-20-04

(904) 731-9452