

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000005443

1. Entity Name

MARSHWINDS DEVELOPMENT GROUP, L.C.



Principal Place of Business

ONE SAN JOSE PLACE, SUITE 7
JACKSONVILLE FL 32257

Mailing Address

ONE SAN JOSE PLACE, SUITE 7
JACKSONVILLE FL 32257



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3643711

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, V. HAWLEY JR
ONE SAN JOSE PLACE, SUITE 7
JACKSONVILLE FL 32257

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SMITH, V. HAWLEY JR
STREET ADDRESS ONE SAN JOSE PLACE, SUITE 7
CITY- ST- ZIP JACKSONVILLE FL 32257

☐ Change ☐ Addition
U00000744362
05/15/07-80145-021 50.00

TITLE P ☐ Delete
NAME SMITH, V. HAWLEY JR
STREET ADDRESS ONE SAN JOSE PLACE, SUITE 7
CITY- ST- ZIP JACKSONVILLE FL 32257

☐ Change ☐ Addition

TITLE VTS ☐ Delete
NAME DUNGEY, MARY LOUISE
STREET ADDRESS 12844 BAY PLANTATION DR.
CITY- ST- ZIP JACKSONVILLE FL 32223

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Mary Louise Dungey

7-24-07

904-268-9990

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

Date

Daytime Phone #