2004 LIMITED LIABILITY COMPANY

Apr 21, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L00000013860 04-21-2004 90449 038 ****50.00 CABBAGE CREEK, LLC Principal Place of Business Mailing Address 109 TEAL NEST COURT 109 TEAL NEST COURT PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 01282004 Chg-LLC CR2E083 (10/03) City & State City & State Applied For 4. FEI Number 59-3683181 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, JOHN MCE. Street Address (P.O. Box Number is Not Acceptable) 333 FIRST N SUITE 305 JACKSONVILLE BEACH, FL 32205 City 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 I applicable. DATE Filing Fee is \$50.00 Make check payable to Due by May 1, 2004 Florida Department of State 的一个企业。1977年上 1986年 1987年 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES: MGRM ☐ Delete TITLE ☐ Change ■ Addition GOODALL, HERBERT W NAME MANE 109 TEAL NEST COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP MGRM TIBLE Delete TITLE Change Change Addition WALKER, Michael PRICE JC WALKER, MICHAEL PRICE JR NAME NAME 3076 PRESCOTT FAILS DRIVE STREET ADDRESS 4007 TROPICAL TERRACE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 CITY-ST-7IP JACKSONVILLE FL 32224 TITLE ☐ Delete TITLE ■ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY_ST_ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-782 CITY-ST-7IP

FILED

☐ Change

☐ Addition

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

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