


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90048 041 \*\*\*\*50.00

<b>DOCUMENT # L01000002662</b>	
1. Entity Name SUWANNEE RANCH 505, L.L.C.	

Principal Place of Business 12627 SAN JOSE BLVD SUITE 605 JACKSONVILLE, FL 32223	Mailing Address 12627 SAN JOSE BLVD SUITE 605 JACKSONVILLE, FL 32223
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**60043584**



2. Principal Place of Business - No P.O. Box # <i>5570 Florida Mining Blvd.</i>	3. Mailing Address <i>5570 Florida Mining Blvd.</i>
Suite, Apt. #, etc. <i>Suite 304</i>	Suite, Apt. #, etc. <i>Suite 304</i>
City & State <i>Jacksonville FL</i>	City & State <i>Jacksonville FL</i>
Zip <i>32257</i>	Country <i>USA</i>

04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3697068	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  F & L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BREWER, DON 12627 SAN JOSE BLVD STE 605 JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MCCURDY, SCOTT 12627 SAN JOSE BLVD STE 605 JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5570 Florida Mining Blvd., #304 JACKSONVILLE, FL 32257</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5570 Florida Mining Blvd., #304 JACKSONVILLE, FL 32257</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Don Brewer</i>	<i>Don Brewer</i>	<i>4/23/07</i>	<i>904-880-1919</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #