

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # L01000012859

1. Entity Name
OLDFIELD CROSSING, LLC



Principal Place of Business

**45 WEST BAY STREET
SUITE 203
JACKSONVILLE, FL 32202**

Mailing Address

**45 WEST BAY STREET
SUITE 203
JACKSONVILLE, FL 32202**



04162007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3732420

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRUNTHAL, LEONARD H III
45 WEST BAY STREET
SUITE 203
JACKSONVILLE, FL 32202**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHUETH, WILLIAM F JR.
STREET ADDRESS	45 W BAY ST STE 203
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	MGRM
NAME	ANGELO, MARC
STREET ADDRESS	11383 SAN JOSE BLVD BLDG. 300
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	MGRM
NAME	SCHULTZ, JOHN R
STREET ADDRESS	118 W. ADAMS ST STE 600
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	MGRM
NAME	GRUNTHAL, LEONARD H III
STREET ADDRESS	45 W BAY ST STE 203
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/07-80022-012 50.00

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IN THIS SPACE**

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:

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

Leonard H Grunthal III 4/17/07 (904) 356-1000

Date

Daytime Phone #