2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000008659

1. Entity Name PROVIDENCE REALTY, LLC



FILED
Jan 22, 2007 08:00 AM
Secretary of State

Principal Place of Business

4686 SUNBEAM ROAD

SUITE 102 JACKSONVILLE, FL 32257 Mailing Address

4686 SUNBEAM ROAD

SUITE 102

JACKSONVILLE, FL 32257



 \Box

01122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 74–3038823 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HOUSTON, CLARENCE H JR 1050 RIVERSIDE AVENUE JACKSONVILLE, FL 32204

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.			
SIGNATURI	Signature, typed or printed name of registered agent and title if applicable,	(NOTE: Registered Agent signature required when reinstaling)	DATE
	Filing Fee Is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
title Name Street Addres City-St-Zip	MGR FOX, MICHAEL S 2233 CLOVELLY LANE W ST. AUGUSTINE, FL 32092		
TITLE NAME STREET ADDRES CITY-ST-ZIP	MGR JUNKER, SEAN A S 4224 LEAPING DEER LANE JACKSONVILLE, FL 32259		00000598562
TITLE NAME STREET ADDRES CITY-ST-ZIP	s	DC	01/24/07-90092-002 50.00 NOT WRITE
title Name Street addres City-St-Zip	s	IN	THIS SPACE
TITLE NAME STREET ADDRES CITY-ST-ZIP	s		

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

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 of true true empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/16/07

904 262 9898

Daytime Phone #