

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90193 032 ****50.00

DOCUMENT # L02000010070

1. Entity Name

NASSAU COUNTY VENTURE, L.L.C.



Principal Place of Business

2175 WEST 18TH ST.
JACKSONVILLE, FL 32209

Mailing Address

P.O. BOX 551260 *12267*
JACKSONVILLE, FL 32255 *32209*



02042004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0455980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N
5150 BELFORT RD., BLDG. 100
JACKSONVILLE, FL 32256

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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, 2004

9. **MANAGING MEMBERS/MANAGERS**

TITLE: MGRM
NAME: ~~QUESTER~~, KENNETH
STREET ADDRESS: 2167 W 18TH ST
CITY-ST-ZIP: JACKSONVILLE, FL 32209

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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.

SIGNATURE:

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

Date

Daytime Phone #