2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2003 8:00 am Secretary of State

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DOCUMENT # L02000015639 1. Entity Name HYDE GROVE OAKS, LLC					04-17-2003 90028 001 ****50.00					
Principal Plac	ce of Business	Mailing Address			1		5504	0318		
4501 BEVERLY AVENUE JACKSONVILLE FL 32210		4501 BEVERLY AVENUE JACKSONVILLE FL 32210								
2. Principal Place of Buşiness		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES						
City & State		City & State			4. FEI Numb	51-041	957	_	pplied For ot Applicable	-
Zip 	Country	Zip	Count	ry 	<u> </u>	e of Status Desired	<u> </u>	\$5.00 Ad Fee Require	ditional ed	_
	6. Name and Address of Current	Registered Agent		Nama	7. Name an	d Address of New R	legistered i	Agent	· ·	4
ATLEE, KENYON'S				Name 2						
450°	I BEVERLY AVENUE KSONVILLE FL 32210				Street Address (P.O. Box Number is Not Acceptable)					1
			ļ	City			FL	Zip Coo	de e	$\left\{ \right.$
	named entity submits this statement for tions of registered agent.	r the purpose of changing its	registere	d office or registere	ed agent, or bo		rida. I am f	amillar with,	and accept	1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	Agent signature required	when rainstating)	<u> </u>	DATE			
		FILE NO	W!!! F	EE IS \$50.00						7
		Make Check Payable Due		rida Departmen y 1, 2003	nt of State					
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES			1
TITLE	President Managing Member	. Delete	TITLE					☐ Change	Addition	18
NAME	Kenyon S. Atlee	•	NAME	ı						18
STREET ADDRESS CITY-ST-ZIP	5213 Ortega Oak			T ADDRESS ST-ZIP						18
	Jacksonville, F	1 . 32.240.:	-1	31-21				Charac	Addition	- £
TITLE NAME	· · · · · · · · · · · · · · · · · · ·	- t Lin Delete	TITLE	[☐ Change	T NOOMOO	15
STREET ADDRESS				T ADDRESS .						Ĺ
CITY-ST-ZIP		والمراج المراجع المراج	CITY-S	ST-ZIP	<u> منځه و جس</u>		<u>ې چې پوسې</u>	<u> </u>].
TITLE	Member- Vice PRe	Sideut Delete	TITLE]				☐ Change	Addition]
STREET ADDRESS	- Dale KCrisp	·	, NAME	1					. •	<u> </u> -
CITY-ST-ZIP	5108 Harbor Pt.	Gircle	CITY-S	I ADDRESS ST-ZIP					•	
TITLE	- Jacksonville, F	71. 32210 — — Delete	ITILE					☐ Change	Addition	1
NAME			NAME	ļ						
STREET ADORESS City-S1-Zip			STREET CITY-S	T ADDRESS ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME			NAME	ADDOTOR						
STREET ADDRESS CITY-ST-ZIP	•		CITY-S	ADDRESS (•	••	× - +			
TITLE	<u></u>	Delete	TITLE	 		- 	· · · · · · · · · · · · · · · · · · ·	Change	Addition	ŀ
NAME		Ca Delgis	NAME	1				بري درين دين		1
STREET ADDRESS	٠			ADDRESS						}
CITY-ST-ZIP			CITY-S			<u></u>				
11. I hereby c	ertify that the information supplied with	this filing does not qualify for t	the exem	ntion stated in Sect	tion 119 07/31/	i) Florida Statutes, Li	hirther cort	fu that the in	formation	i

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE RECUESTIVE REPRESENTATIVE DISCOUNTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DISCOUNTED DOS DOS DESCRIPTIONS &