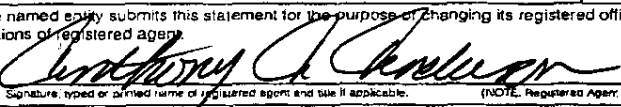
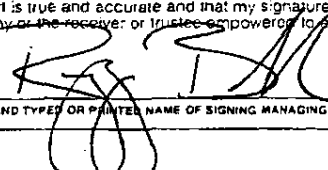


FILED
Jun 17, 2004 8:00 am
Secretary of State

04-28-2004 90069 008 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L02000017900 1. Entity Name DEERWOOD LAKE PROPERTY, LLC					
Principal Place of Business 6 FAIRFIELD BLVD., STE. 1 PONTE VEDRA BEACH, FL 32082			Mailing Address P.O. BOX 1999 PONTE VEDRA BEACH, FL 32004		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PATTERSON, BOND & LATSHAW, P.A. 3010 SOUTH THIRD ST. JACKSONVILLE BEACH, FL 32250				Name Anthony A. Anderson Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd. City Jacksonville FL Zip Code 32207	
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 sole if applicable. (NOTE: Registered Agent signature required when registering)				DATE 6-15-04	
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BAKKAR, WADIE K 3628 SILVERY LN JACKSONVILLE, FL 32217 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BAKKAR, MUNA Z 3628 SILVERY LN JACKSONVILLE, FL 32217 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BAKKAR, RAMZY 3628 SILVERY LN JACKSONVILLE, FL 32217 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
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: 				Date 6/11/04 Daytime Phone 904-280-1920	

34008704



06092004 Chg-LLC CR2E083 (10/03)

4. FEI Number
90-0082911Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required