
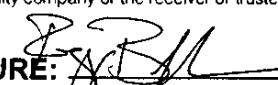


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90320 001 ***138.75

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 - No P.O. Box # 320 N 1st St Suite, Apt. #, etc. Suite 706		3. Mailing Address PO Box 50910 Suite, Apt. #, etc.	
City & State Jacksonville Bch, FL		City & State Jacksonville Bch, FL	
Zip 32250		Zip 32240	
Country USA		Country USA	
4. FEI Number 90-0082911		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03122008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent KENNEY, THERESA M ESQ 10110 SAN JOSE BOULEVARD JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	320 N 1st St Suite 706 Jacksonville Bch, FL 32250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAKKAR, MUNA Z 3628 SILVERY LN JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	320 N 1st St Suite 706 Jacksonville Bch, FL 32250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 4/18/08	Daytime Phone # 904-270-1970