

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90028 017 ****50.00

DOCUMENT # L02000024746

1. Entity Name

FLEMING ISLAND TRAINING CENTER, LLC



Principal Place of Business

1590-71 ISLAND LANE
ORANGE PARK, FL 32003

Mailing Address

1590-71 ISLAND LANE
ORANGE PARK, FL 32003

DO NOT WRITE IN THIS SPACE

04272004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

52-2384691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, WILLIAM L JR.
1590-26 ISLAND LANE
FLEMING ISLAND, FL 32003

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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	MGR
NAME	DRIGGERS, DEBBIE J
STREET ADDRESS	2770 RUSSELL ROAD
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32003
TITLE	MGR
NAME	Tyler O. MacArthur
STREET ADDRESS	1590-28 Island Lane
CITY-ST-ZIP	ORANGE PARK, Florida 32003
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Tyler O. MacArthur, Manager*

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

4/28/04 (904) 215-7575

Date

Daytime Phone #