


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000026518</b> 1. Entity Name HIDEAWAY AT OLD MOULTRIE, LLC	
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Principal Place of Business 9471 BAYMEADOWS ROAD SUITE 403 JACKSONVILLE, FL 32256 US	Mailing Address 9471 BAYMEADOWS ROAD SUITE 403 JACKSONVILLE, FL 32256 US
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02162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 54-2077990	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

YOUNG LAND GROUP, INC. 9471 BAYMEADOWS ROAD SUITE 403 JACKSONVILLE, FL 32256	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

U00000065809  
02/25/04-80053-003 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNG LAND GROUP, INC. 9471 BAYMEADOWS ROAD, SUITE 403 JACKSONVILLE, FL 32256
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 #

*James P. Young*

2-20-04

904-731-9452

James P. Young, President, Young Land Group, Inc.