2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000026518

1. Entity Name
HIDEAWAY AT OLD MOULTRIE, LLC

Principal Place of Business	Mailing Address
9471 BAYMEADOWS ROAD SUITE 403 JACKSONVILLE, FL 32256 US	9471 BAYMEADOWS ROAD SUITE 403 JACKSONVILLE, FL 32256 US

DO NOT WRITE IN THIS SPACE

01272005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
54-2077990	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG LAND GROUP, INC.
9471 BAYMEADOWS ROAD
SUITE 403
JACKSONVILLE, FL 32256

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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_____
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, 2005

U00000263960
03/15/05-80007-012 50.00

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM	
NAME	YOUNG LAND GROUP, INC.	
STREET ADDRESS	9471 BAYMEADOWS ROAD, SUITE 403	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE		
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: ✔ _Lawrence Young_   3-4-05   (904) 993-2387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #