2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT.# L02000026518

1. Entity Name*

HIDEAWAY AT OLD MOULTRIE, LLC



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

8833 PERIMETER PRK BLVD

STE 1104

JACKSONVILLE, FL 32216 US

Mailing Address

8833 PERIMETER PRK BLVD

STE 1104

JACKSONVILLE, FL 32216 US



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01242007 No Chg-LLC

4. FEI Number 54-2077990

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG LAND GROUP, INC. 8833 PERIMETER PRK BLVD STE 1104 JACKSONVILLE, FL 32216

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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 F	lorida. I am familiar with, and accept
the obligations of registered agent,	

SIGNATURE.

Signature, typed or printed harns of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

9	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNG LAND GROUP, INC. 8833 PERIMETER PRK BLVD STE 1104 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	

U00000743859 05/15/07-80126-010 50.00

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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-S1-ZIP

D OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

resident

Young Land Group, Inc.

Daytime Phone #