

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026541

FILED
May 12, 2009
Secretary of State

Entity Name: PLANTATION VILLAGE OF CLAY COUNTY, LLC

Current Principal Place of Business:

6215 WILSON BLVD.
JACKSONVILLE, FL 32210

New Principal Place of Business:

2955 HARTLEY ROAD
SUITE 108
JACKSONVILLE, FL 32257

Current Mailing Address:

PO BOX 7779
JACKSONVILLE, FL 32238

New Mailing Address:

1650-302 MARGARET ST.
#382
JACKSONVILLE, FL 32204

FEI Number: 05-0558062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TOWERS, ELIZABETH F
6215 WILSON BLVD
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

HOWELL, WILLIAM R
2955 HARTLEY ROAD
SUITE 108
JACKSONVILLE, FL 32257 US

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.

SIGNATURE: WILLIAM R. HOWELL

05/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TOWERS, W.B. JR.
Address: 4586 ORTEGA BLVD NORTH
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: W. R. HOWELL COMPANY
Address: 2955 HARTLEY ROAD, SUITE 108
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM R. HOWELL

MGRM

05/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date