


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # L02000029359 1. Entity Name 707 PENINSULAR PLACE, L.L.C.	
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Principal Place of Business 707 PENINSULAR PLACE JACKSONVILLE, FL 32204	Mailing Address PO BOX 2399 JACKSONVILLE, FL 32203-2399
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04112008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0655430	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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6. Name and Address of Current Registered Agent

TRITT, ARNOLD D JR.
707 PENINSULAR PLACE
JACKSONVILLE, FL 32204

DO NOT WRITE 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)

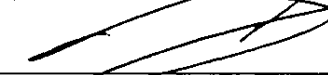
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

05/05/08-80003-017 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRITT, ARNOLD D JR PO BOX 2399 JACKSONVILLE, FL 322032399
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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 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:  4-15-08 9043545200

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