

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90160 016 *****50.00

DOCUMENT # L03000009894	
1. Entity Name MURPHY LAND AND RETAIL, LLC	



Principal Place of Business 11655 CENTRAL PKWY #305 JACKSONVILLE, FL 32224	Mailing Address 11655 CENTRAL PKWY #305 JACKSONVILLE, FL 32224
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2. Principal Place of Business 11555 CENTRAL PARKWAY		3. Mailing Address SAME	
Suite, Apt. #, etc. 1102		Suite, Apt. #, etc. SAME	
City & State Jacksonville FL		City & State	
Zip 32224	Country	Zip	Country



03282005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent OTTINGER, DAVID J 201 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MURPHY, CLINT 11655 CENTRAL PKWY JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *J. Clint Murphy* **3-28-2005** **904-645-0644**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
MANAGING MEMBER