

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000013313

1. Entity Name
MARSHVIEW DEVELOPMENT, L.L.C.



Principal Place of Business
510 SOUTH THIRD STREET
JACKSONVILLE, FL 32250

Mailing Address
510 SOUTH THIRD STREET
JACKSONVILLE, FL 32250

2. Principal Place of Business

2251 St. Johns Bluff Rd. S

Suite, Apt. #, etc.

3. Mailing Address

2251 St. Johns Bluff Rd S

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32246

Country

Zip

32246

Country

08092004

Chg-LLC

CR2E083 (10/03)

4. EEI Number

20-0734285

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARTLETT, BARON L
135 PROFESSIONAL DRIVE, SUITE 101
PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

Name Timothy G. Shea

Street Address (P.O. Box Number is Not Acceptable)

2251 St. Johns Bluff Rd. S

City Jacksonville

FL

Zip Code

32246

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10.29.04

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME WOODBURN, HENRY P
STREET ADDRESS 510 SOUTH THIRD STREET
CITY-ST-ZIP JACKSONVILLE, FL 32250

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE MGRM
NAME Timothy G. Shea
STREET ADDRESS 2251 St. Johns Bluff Rd. S.
CITY-ST-ZIP Jacksonville, Florida 32246

☐ Change

☒ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ Change

☐ Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10.29.04

Date

Daytime Phone #

FILED

2004 NOV 24 PM 3: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 04