## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000016690

1. Entity Name

5061 SHAWLAND ROAD, L.L.C.



Principal Place of Business

300 EAST STATE ST. JACKSONVILLE, FL 32202

Mailing Address

300 EAST STATE ST. JACKSONVILLE, FL 32202 FILED Feb 05, 2007 08:00 AM Secretary of State



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01122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 42-1590523 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

DUSS, JOHN S IV, ESQ FORD, JETER, BOWLUS, ET AL 10110 SAN JOSE BLVD. JACKSONVILLE, FL 32257

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	bove named entity submits this statement for the purpose of cha obligations of registered agent.	anging its registered office or registered agent, or both,	in the State of Floride. I am familiar with, and accept
SIGNATU	IRF		
0,0,0,0	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	Filing Fee is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	EASTON, SAMUEL M		Unnanae20068
	1		101011162068

NAME
STREET ADDRESS
CITY-ST-ZIP
JACKSONVILLE, FL 32202
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000620068 02/09/07-80022-007 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP
TABLE
STREET ADDRESS
CITY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER,

AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #