

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

|                                                               |                                                                                   |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L03000016941<br>1. Entity Name<br>3015 LIBERTY LLC |  |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                               |                                                                   |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business<br>1923 SOUTHAMPTON RD.<br>JACKSONVILLE, FL 32207 | Mailing Address<br>1923 SOUTHAMPTON RD.<br>JACKSONVILLE, FL 32207 |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|



01242007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>34-1989514 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                   |
|-----------------------------------------------------------|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional<br>Fee Required |
|-----------------------------------------------------------|-----------------------------------|

|                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>EASTON, WILLIAM M<br>1923 SOUTHAMPTON RD.<br>JACKSONVILLE, FL 32207 |
|----------------------------------------------------------------------------------------------------------------------------|

|                                       |
|---------------------------------------|
| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|---------------------------------------|

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.

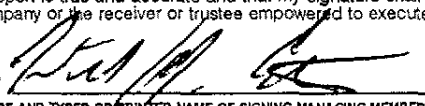
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                     |                                                                           |
|--------------------------------------------------|---------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | MGR<br>EASTON, WILLIAM M<br>1923 SOUTHAMPTON RD<br>JACKSONVILLE, FL 32207 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                           |

|                                                                                        |
|----------------------------------------------------------------------------------------|
| U000000614121<br>02/06/07-80012-024 50.00<br><br><b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|----------------------------------------------------------------------------------------|

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:  1-29-07 904-398-1044  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #