

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90172 031 ****50.00

DOCUMENT # L03000028945

1. Entity Name

PRIVATE EXERCISE LLC



Principal Place of Business

Mailing Address

3918 ALHAMBRA DRIVE WEST
JACKSONVILLE FL 32207
US

3918 ALHAMBRA DRIVE WEST
JACKSONVILLE FL 32207
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1722 Hendricks Ave

P.O. box 5870

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32207

Country

USA

Zip

32217

Country

USA

4. FEI Number

55-0845664

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITMIRE, ROBERT L
3918 ALHAMBRA DRIVE WEST
JACKSONVILLE FL 32207

Name

Gregory LeBlanc

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

4012 Emerson Street

City

Jacksonville

FL

Zip Code

32207

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]

(NOTE: Registered Agent signature required when terminating)

3/8/07

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
WHITMIRE, ROBERT L
3918 ALHAMBRA DRIVE WEST
JACKSONVILLE FL 32207 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
Gregory LeBlanc
4012 Emerson St.
Jacksonville, FL 32207 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Jacksonville, FL 32207 ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

3/8/07

Date

9043982390

Daytime Phone #