

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90145 001 ****50.00

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1. Entity Name
ARTILLERY LOFTS LLC



Principal Place of Business
1923 SOUTHAMPTON RD.
JACKSONVILLE, FL 32207

Mailing Address
1923 SOUTHAMPTON RD.
JACKSONVILLE, FL 32207

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01252007 Chg-LLC CR2E083 (12/06)

4. FEI Number
37-1472597

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, ROY E
65 LEWIS BLVD.
ST. AUGUSTINE, FL 32084

Name

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

City

FL

Zip Code

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, 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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME CAMPBELL, ROY E
STREET ADDRESS 65 LEWIS BLVD.
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE MGRM ☒ Delete
NAME EASTON, WILLIAM M
STREET ADDRESS 65 LEWIS BLVD.
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE MGRM ☐ Delete
NAME MARTIN, EDWIN K
STREET ADDRESS 65 LEWIS BLVD.
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE MGRM ☐ Delete
NAME HADMON, STANTON W
STREET ADDRESS 1923 SOUTHAMPTON RD
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE MGRM ☒ Change ☐ Addition
NAME Easton, William M
STREET ADDRESS 1923 Southampton Road
CITY-ST-ZIP Jacksonville, FL 32207

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

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

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

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

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:

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

Date

Daytime Phone #

1-25-07