


2004 LIMITED LIABILITY COMPANY- ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90303 021 ****50.00

DOCUMENT # L03000031620			
1. Entity Name- GREENLAND CHASE DEVELOPERS, LLC			
Principal Place of Business ONE SAN JOSE PLACE, STE 26 JACKSONVILLE FL 32257		Mailing Address ONE SAN JOSE PLACE, STE 26 JACKSONVILLE FL 32257	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

24060014



MOORE CR2E083 (11/03)

4. FEI Number 51-0480170		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH HULSEY & BUSEY 225 WATER ST, STE 1800 JACKSONVILLE FL 32202		7. Name and Address of New Registered Agent Name RAYMOND M. O'STEEN Street Address (P.O. Box Number is Not Acceptable) ONE SAN JOSE PLACE, SUITE 26 City JACKSONVILLE FL 32257	
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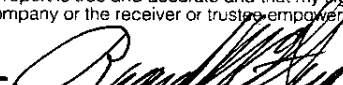
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Raymond M. O'Steen, President of FFCDC 3-19-04**
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <input checked="" type="checkbox"/> Delete NAME Florida First Coast Development Corp. STREET ADDRESS One San Jose Place, Suite 26 CITY-ST-ZIP Jacksonville, FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE <input checked="" type="checkbox"/> Delete NAME MGRM STREET ADDRESS Florida First Coast Development Corp CITY-ST-ZIP One San Jose Place, Suite 26 Jacksonville, FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE <input type="checkbox"/> Delete NAME A.J. Johns, L.L.C. STREET ADDRESS 3225 Anniston Road CITY-ST-ZIP Jacksonville, FL 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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  **Raymond M. O'Steen 3-19-04 (904) 268-8741**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #