

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90306 033 \*\*\*\*50.00

<b>DOCUMENT # L03000035067</b> 1. Entity Name <b>GOODBYS CREEK, LLC</b>			
Principal Place of Business <b>1548 THE GREENS WAY, STE. 3 JACKSONVILLE BEACH, FL 32250</b>		Mailing Address <b>1548 THE GREENS WAY, STE. 3 JACKSONVILLE BEACH, FL 32250</b>	
<b>1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250</b>		<b>1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250</b>	
6. Name and Address of Current Registered Agent  <b>DEVLIN, WALLACE R JR. 1548 THE GREENS WAY, STE. 3 JACKSONVILLE BEACH, FL 32250</b>		7. Name and Address of New Registered Agent  <b>Wallace R. Devlin, Jr. 1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250</b>  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 <u><i>Wallace R. Devlin, Jr.</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. MGRM ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEVLIN, WALLACE R JR 1548 THE GREENS WAY, STE. 3 JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Wallace R. Devlin, Jr. 1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250 <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BALANKY, MICHAEL F 1054 KINGS AVE. JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSS, LEANE M 9954 MOORINGS DRIVE JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <u><i>Wallace R. Devlin, Jr.</i></u>		Date <u>4.19.07</u> 904.543.0026	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	