

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000038328

1. Entity Name
JOHNS LAKE POINTE II, LLC



FILED

04 MAY 18 AM 10:33

TALLAHASSEE, FLORIDA

MJH

Principal Place of Business
1548 LANCASTER TERR.
JACKSONVILLE, FL 32204

Mailing Address
1548 LANCASTER TERR.
JACKSONVILLE, FL 32204

2. Principal Place of Business
840 Edgewood Ave. South

3. Mailing Address
1650-302 Margaret Street

Suite, Apt. #, etc.
Suite 220

Suite, Apt. #, etc.
PMB 382

City & State
Jacksonville, FL 32205

City & State
Jacksonville, FL 32204-382

Zip Country
32205 USA

Zip Country
32204-3869 USA

04052004 Chg-LLC

CR2E083 (10/03)

5/18

4. FEI Number
56-2404704

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRAZIER, CLARENCE F
1548 LANCASTER TERR.
JACKSONVILLE, FL 32204

7. Name and Address of New Registered Agent

Name
Clarence F. Frazier
Street Address (P.O. Box Number is Not Acceptable)
840 Edgewood Avenue, South
Suite 220
City
Jacksonville FL 32205

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

Clarence F. Frazier

Clarence F. Frazier, Registered Agent 4/6/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME SUTER, MAX
STREET ADDRESS 2512 PLAINFIELD AVENUE
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ 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

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 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:

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

4/6/04 Max Suter, Managing Member (904) 614-1717

Date

Daytime Phone #