

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 MAY 24 P 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # L03000051333	
1. Entity Name DUNN CREEK POINTE, LLC	



Principal Place of Business 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210	Mailing Address 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210
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2. Principal Place of Business - No P.O. Box # 5851 TIMUGUANA Rd Suite, Apt. #, etc. 301 City & State JACKSONVILLE FL Zip 32210 Country DUNAL	3. Mailing Address 5851 TIMUGUANA Rd Suite, Apt. #, etc. 301 City & State JACKSONVILLE FL Zip 32210 Country DUNAL
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04202007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
54-2137655  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ATLEE, KENYON S  
4501 BEVERLY AVENUE  
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
5851 TIMUGUANA Rd  
Ste 301  
City JACKSONVILLE FL Zip Code 32210

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 \_\_\_\_\_ (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ATLEE, KENYON S 4501 BEVERLY AVE JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENDALE G.P. INC 5851 TIMUGUANA Rd Ste 301 JACKSONVILLE FL 32210 <input checked="" type="checkbox"/> Change <input checked="" 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
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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.

SIGNATURE: Kenyon S Atlee 4-25-07 904 3846964  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #