

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90173 022 \*\*\*\*50.00

**DOCUMENT # L04000021563**

1. Entity Name  
**HERITAGE OAKS TRACE DEVELOPMENT, LLC**



Principal Place of Business  
**4315 PABLO OAKS COURT  
SUITE 1  
JACKSONVILLE, FL 32224-9667 US**

Mailing Address  
**4315 PABLO OAKS COURT  
SUITE 1  
JACKSONVILLE, FL 32224-9667 US**

**40115829**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05082007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**20-0884633**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**MCLEAN, MURPHY B JR.  
4315 PABLO OAKS COURT  
SUITE 1  
JACKSONVILLE, FL 32224-9667**

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 September 14, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
STOKES, BRAREN & MCLEAN LAND COMPANY, LLC  
4315 PABLO OAKS COURT, SUITE 1  
JACKSONVILLE, FL 32224-9667**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
E. Chester Stokes, Jr.  
4315 Pablo Oaks Ct.  
Jacksonville, FL 32224**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
Murphy B. McLean Jr.  
4315 Pablo Oaks Ct.  
Jacksonville, FL 32224**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
Thomas C. Bergmann  
4315 Pablo Oaks Ct.  
Jacksonville, FL 32224**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**J  
John C. Kunkel  
4315 Pablo Oaks Ct.  
Jacksonville, FL 32224**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**W  
Sharon W. Frieden  
4315 Pablo Oaks Ct.  
Jacksonville, FL 32224**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**US  
Mallory Gayle Holm  
4315 Pablo Oaks Ct.  
Jacksonville, FL 32224**

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 606, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #

**5/10/07**

**904-482-1130**