### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000022555

1. Entity Name
JACKSONVILLE LANDCO, LLC



FILED Apr 24, 2008 08:00 AN Secretary of State

Principal Place of Business

200 S. ORANGE AVE. SUITE 1900 ORLANDO, FL 32801 Mailing Address

200 S. ORANGE AVE. SUITE 1900 ORLANDO, FL 32801



# DO NOT WRITE IN THIS SPACE

 04222008 No Chg-LLC
 CR2E083 (12/07)

 4. FEI Number 20-0921005
 Applied For Not Applicable

5. Certificate of Status Desired

\* Barrier (

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SEALY, BRETT A MR 200 S. ORANGE AVE. SUITE 1900 ORLANDO, FL 32801

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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.

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

MANAGING MEMBERS/MANAGERS

(NOTE: Registered Agent signature required when reinstating)

DATE

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

MGR TITLE SEALY CAPITAL GROUP, LLC NAME 200 S. ORANGE AVE., STE. 1900 STREET ADORESS CITY-ST-ZIP ORLANDO, FL 32801 TATLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

8/8/15000000

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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:

CITY-ST-ZIP

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

4/23/08

407-481-9182

Daytime Phone #