2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 24, 2007 08:00 AN
Secretary of State

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1. Entity Name

CARDON PABLO OAKS, LLC



Principal Place of Business

Mailing Address

4336 PABLO OAKS COURT JACKSONVILLE, FL 32224 4336 PABLO OAKS COURT JACKSONVILLE, FL 32224



01182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1221209 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GLISSON, DON JR. 4451 CATHEYS CLUB LANE JACKSONVILLE, FL 32224

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8.	The above named entity submits this statement for the purpose of cha	inging its registered office or registered agent, or both, in the State of Florida	. I am familiar with, and accept
1	he obligations of registered agent.	•	

SIGNATURE

9.

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

MANAGING MEMBERS/MANAGERS

(NOTE, Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

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TITLE	MGRM
NAME	GLISSON, DON JR
STREET ADDRESS	4451 CATHEYS CLUB LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	MGRM
NAME	GLISSON, CAROLYN A
STREET ADDRESS	4451 CATHEYS CLUB LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	
NAME	
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11. It hereby certify that the information supplied with this filling does not qualify for itse 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:

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

119/07

904.223 1111

Daytime Phone #