2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000043312

1. Entity Name

Principal Place of Business

CARDON PABLO OAKS, LLC

Mailing Address

4336 PABLO OAKS COURT JACKSONVILLE, FL 32224

4336 PABLO OAKS COURT JACKSONVILLE, FL 32224

FILED Jan 14, 2008 08:00 AM Secretary of State



01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For 20-1221209 Not Applicable

5. Certificate of Status Desired 55.00 Additional

6. Name and Address of Current Registered Agent

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

JACKSONVILLE, FL 32224

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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	e named entity submits this statement for the purpose of cha tions of registered agent.	anging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9. TITLE NAME STREET ADDRESS C(TY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM GLISSON, DON JR 4451 CATHEYS CLUB LANE JACKSONVILLE, FL 32224		
TITLE NAME STREET ADDRESS	MGRM GLISSON, CAROLYN A 4451 CATHEYS CLUB LANE		000000783717 01/16/08-80026-009 138.75

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11. I hereby certify that the information supplied with this filing does not quality 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:

SIGNATURE AND TYPED OR PRIMED MANAGING MANAGING MEMBER, OR AUTHORIZ

1/8/08 904-223-1111 x25

Daytime Phone #