

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-16-2005 90164 014 ****55.00

DOCUMENT # L04000045533	
1. Entity Name NASSAU FARMS I, LLC	

Principal Place of Business 9471 BAYMEADOWS ROAD, SUITE 402 403 JACKSONVILLE, FL 32256	Mailing Address 9471 BAYMEADOWS ROAD, SUITE 402 403 JACKSONVILLE, FL 32256
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30001458

2. Principal Place of Business 9471 Baymeadows Rd.	3. Mailing Address 9471 Baymeadows Rd.
Suite, Apt. #, etc. #403	Suite, Apt. #, etc. #403



01062006 Chg-LLC CR2E063 (10/03)

City & State Jacksonville, FL	City & State Jacksonville, FL
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Zip 32256	Country US	Zip 32256	Country US
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CURLEY, CHARLES R JR. 1301 RIVERPLACE BOULEVARD, SUITE 1500 JACKSONVILLE, FL 32207	
7. Name and Address of New Registered Agent 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)

Filing Fee is \$60.00 Due by May 1, 2005	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	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Addition

Charles F. Atkinson, Jr.
LLC is a single owner entity.
therefore, the managing member's SS # is the ID #
#
9471 Baymeadows Rd.
#403
Jacksonville, FL 32256

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	2/10/05 904-739-2302
SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #