

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047034

FILED
Apr 15, 2007
Secretary of State

Entity Name: SPYGLASS PROPERTY HOLDINGS, L.L.C.

Current Principal Place of Business:

3819 COOPERS LAKE ROAD
JACKSONVILLE, FL 32224

New Principal Place of Business:

7575 CENTURION PARKWAY
JACKSONVILLE, FL 32256

Current Mailing Address:

3819 COOPERS LAKE ROAD
JACKSONVILLE, FL 32224

New Mailing Address:

7575 CENTURION PARKWAY
JACKSONVILLE, FL 32256

FEI Number: 73-1708579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGER R HIETBRINK
3819 COOPERS LAKE ROAD
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

HIETBRINK, ROGER R
3819 COOPERS LAKE ROAD
JACKSONVILLE, FL 32224 US

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.

SIGNATURE: ROGER R. HIETBRINK

04/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HIETBRINK, ROGER R
Address: 3819 COOPERS LAKE ROAD
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGR () Delete
Name: HIETBRINK, LUCINDA C
Address: 3819 COOPERS LAKE ROAD
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LUCINDA C. HIETBRINK

MGR

04/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date