

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90055 024 \*\*\*\*55.00

DOCUMENT # L04000049377

1. Entity Name  
GULFVIEW AT JENA, L.L.C.



Principal Place of Business  
8 BARU RD  
ST AUGUSTINE, FL 32084

Mailing Address  
8 BARU RD  
ST AUGUSTINE, FL 32084

20000627



01042006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
20-1298739

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ERIC, SNEDEKER  
8 BARU ROAD  
ST AUGUSTINE, FL 32084

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME SNEDEKER, ERIC ☐ Delete  
STREET ADDRESS 8 BARU RD  
CITY-ST-ZIP ST AUGUSTINE, FL 32084

TITLE MGR  
NAME SKARE, SCOTT ☐ Delete  
STREET ADDRESS 520 ANCHOR POINT  
CITY-ST-ZIP DELRAY BEACH, FL 32086

TITLE MGR  
NAME AMERSON, SUE ☐ Delete  
STREET ADDRESS 5610 B DATIL PEPPER RD  
CITY-ST-ZIP ST AUGUSTINE, FL 32086

TITLE MGR  
NAME FECHTER, SCOTT ☐ Delete  
STREET ADDRESS 322 VAILEY BUNKER CT  
CITY-ST-ZIP ST AUGUSTINE, FL 32080

TITLE MGR  
NAME KINNARD, CHARLES R ☒ Delete  
STREET ADDRESS PO BOX 505-0  
CITY-ST-ZIP HASTINGS, FL 32145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE Secretary + Treasurer, MGR ☒ Change ☐ Addition  
NAME Eric Snedeker  
STREET ADDRESS  
CITY-ST-ZIP

TITLE President + MGR ☒ Change ☐ Addition  
NAME Skare, Scott  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Vice President + MGR ☒ Change ☐ Addition  
NAME AMERSON, Sue  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Eric Snedeker Eric Snedeker Sec. Treasurer 1/05/06

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

Date

Daytime Phone #