

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90023 012 \*\*\*138.75

**DOCUMENT # L04000063753**

1. Entity Name  
 7007 BEACH BOULEVARD, LLC



Principal Place of Business  
 3740 BEACH BLVD., SUITE 300  
 JACKSONVILLE, FL 32207

Mailing Address  
 3740 BEACH BLVD., SUITE 300  
 JACKSONVILLE, FL 32207

**50005289**



2. Principal Place of Business - No P.O. Box #  
 1551 Atlantic Blvd.

3. Mailing Address  
 P.O. Box 47050

Suite, Apt. #, etc.  
 Suite 300

Suite, Apt. #, etc.

04172008 Chg-LLC CR2E083 (12/06)

City & State  
 Jacksonville, FL

City & State  
 Jacksonville, FL

4. FEI Number  
 20-1556101

Applied For  
 Not Applicable

Zip  
 32207

Country

Zip  
 32247-7050

Country

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

6. Name and Address of Current Registered Agent

DEMETREE, J.C. JR  
 3740 BEACH BLVD, SUITE 300  
 JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name  
 Demetree, J. C. Jr.

Street Address (P.O. Box Number is Not Acceptable)  
 1551 Atlantic Blvd., Suite 300

City  
 Jacksonville

FL Zip Code  
 32207

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 *J.C. Demetree Jr.* DATE *4/28/08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMETREE, J C JR 3740 BEACH BLVD, SUITE 300 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Demetree, Jr, J. C. 1551 Atlantic Blvd, Suite 300 Jacksonville, FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *J.C. Demetree Jr.* DATE *4/28/08* DAYTIME PHONE # *904 398 7350*

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