2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000068693



2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03302005	Chg-LLC	CR2E0	83 (10/03)	
City & State			City & State				4. FEI Numb	per	-	<u> </u>	oplied For
Zip	Countr	у	Zip	Coun	try		5. Certificate	e of Status Desired		\$5.00 Add	fitional
	6. Name and Add	vees of Current S	Pagistared Agent	<u> </u>	·		7 Name on	d Address of New F			
	O. Hame and Add	Ness of Current I	rediereren where		Name	· · ·	· Haille air	O ACCIOCA OI NEW P	iogisterou /	Agent	
AKEL, ED ONE INDE SUITE 230	PENDENT DRIV	E			Street A	Address (P.	.O. Box Numi	per is Not Acceptable	e)		
	VILLE, FL 32202	<u>:</u>									
	r.				City FL Zip C				Zip Cod	e	
	named entity submits ions of registered ages	nt.	the purpose of changing its	•			d agent, or bo	oth, in the State of Flo	orida. I am	familiar with,	and accept
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Filing Fee is \$50.00 Due by May 1, 2005							Florida Department of State				a
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9.	MA	NAGING MEMBEI	RS/MANAGERS	10.				ADDITIONS	/CHANGES	1	
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FILED Apr 19, 2005 8:00 am Secretary of State 04-19-2005 90016 004 ****50.00

1. Entity Nam JT BAYM	EADOWS, LLC			04-19-2003	30010 004	50.00				
2207 SAWGR	e of Business H. HENDRICKS RASS VILLAGE DRIVE RA BEACH, FL 32082	2207 SAWGRASS VILL	Mailing Address C/O ROBERT H. HENDRICKS 2207 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH, FL 32082			2000.00				
2. Principal P	tace of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CR2E083 (10/03))			
City & State	e	City & State	City & State			├	pplied For lot Applicable			
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S5.00 Ac				
-	6. Name and Address of Curr	ent Registered Agent	<u> </u>	7. Name and	Address of New F	Registered Agent				
AKEL, ED	WARD C		Name							
	PENDENT DRIVE		Street Addres	ss (P.O. Box Numb	(P.O. Box Number is Not Acceptable)					
JACKSON	VILLE, FL 32202		City			Zip Co	do			
	· · · · · · · · · · · · · · · · · · ·									
	named entity submits this statemer ions of registered agent.	nt for the purpose of changing its	s registered office or regis	stered agent, or bo	th, in the State of Fl	orida. I am familiar with	n, and accept			
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NO	TE: Registered Agent signature req	ured when renstating)		DATE .				
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	lling Fee is \$50.00 ue by May 1, 2005				ce check payable to a Department of Sta	te				
9.	MANAGING ME	MBERS/MANAGERS	10.		ADDITIONS	/CHANGES				
TITLE NAME	MGR AKEL, EDWARD C	TITLE			☐ Change	☐ Addition				
STREET ADORESS CITY-ST-ZIP	ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	STREET ADDRESS CITY-ST-ZIP								
TITLE	<u> </u>	☐ Delete	nitle		 ,	☐ Change	Addition			
NAME STREET ADDRESS CITY-ST-ZIP			NAME Street adoress City-SI-Zip							
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
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NAME		☐ Delete	TITLE NAME			Change	☐ AdditIon			
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11. I hereby	Certify that the information supplied on this report is true and accurate ability company or the receiver or true	with this filling cloes not qualify to and that my signature shall have ustee epipoweled to execute this	or the exemption stated in	section 119.07(3) if made under oat napter 608, Florida	(i), Florida Statutes. 1; that I am a mana Statutes.	I further certify that the ging member or manag	information per of the			
SIGNATURE - JAMES M Thomason										
SIGNAL	UME/:	ME OF SIGNING MANAGING MEMBER, MA			Date	Daytome Phone #				