

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2008 90023 011 ***138.75

DOCUMENT # L04000077424

1. Entity Name
SHOPS OF GOODBY'S CREEK, LLC



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

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

30000000

2. Principal Place of Business - No P.O. Box #
1551 Atlantic Blvd.
Suite, Apt. #, etc.
Suite 300

3. Mailing Address
P.O. Box 47050
Suite, Apt. #, etc.



04172008 Chg-LLC CR2E083 (12/06)

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
20-1795318

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/08

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	<input type="checkbox"/> Delete
MGRM	DEMETREE, J C JR	3740 BEACH BLVD, SUITE 300	JACKSONVILLE, FL 32207	<input type="checkbox"/>
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	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	Demetree, Jr, J. C.	1551 Atlantic Blvd, Suite 300	Jacksonville, FL 32207	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/08

Date

904 398 7350

Daytime Phone #