

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080167

FILED  
Apr 07, 2008  
Secretary of State

Entity Name: FEQ 1321, LLC

**Current Principal Place of Business:**

2025 RIVERSIDE AVENUE  
#201  
JACKSONVILLE, FL 32204 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 725  
PALATKA, FL 32178 US

**New Mailing Address:**

FEI Number: 38-3711541

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FUTCH, DARYLL W  
244 SILVER LAKE ROAD  
PALATKA, FL 32177 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FUTCH, DARYLL W  
Address: P O BOX 725  
City-St-Zip: PALATKA, FL 32178 US

Title: MGRM ( ) Delete  
Name: FUTCH ENTERPRISES, I, NC  
Address: P O BOX 725  
City-St-Zip: PALATKA, FL 32178 US

Title: MGR ( ) Delete  
Name: RAFUSE, VICKI L  
Address: P O BOX 725  
City-St-Zip: PALATKA, FL 32178 US

**ADDITIONS/CHANGES:**

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

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 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: VICKI RAFUSE

MGR

04/07/2008

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