


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90084 007 ***138.75

DOCUMENT # L04000085620					
1. Entity Name MIDDLEBURG PROPERTY, LLC					
Principal Place of Business 1180 SOUTH LANE AVENUE JACKSONVILLE, FL 32205			Mailing Address 1180 SOUTH LANE AVENUE JACKSONVILLE, FL 32205		
2. Principal Place of Business - No P.O. Box # 3241 Doctors Lake Dr.		3. Mailing Address 3241 Doctors Lake Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orange Park, FL		City & State Orange Park, FL		4. FEI Number 20-2168405	
Zip 32073		Country Clay		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32073		Country Clay		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent					
HOLBROOK, AKEL, COLD, STIEFEL & RAY, P.A. ONE INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE, FL 32202					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div> <div>FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</div> <div>Make check payable to Florida Department of State</div> </div>					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRANGER, SAMUEL C <input type="checkbox"/> Delete 1180 SOUTH LANE AVENUE JACKSONVILLE, FL 32205				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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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 3241 Doctors Lake Drive Orange Park, FL 32073				
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				
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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: <u>S. C. Granger</u> 3-11-08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					

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