

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90048 040 ****50.00



DOCUMENT # L04000092711
 1. Entity Name
SAN PABLO REAL ESTATE, LLC

Principal Place of Business Mailing Address
 12627 SAN JOSE BLVD STE 605 12627 SAN JOSE BLVD STE 605
 JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
5570 Florida Mining Blvd., *5570 Florida Mining Blvd.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 304 *Suite 304*

City & State City & State
JACKSONVILLE, FL *JACKSONVILLE, FL*

Zip Country Zip Country
32257 *USA* *32257* *USA*

04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
 76-0213999 Not Applicable

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



6. Name and Address of Current Registered Agent
F&L CORP.
ONE INDEPENDENT DRIVE STE 1300
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 _____

Filing Fee is \$50.00 Due by May 1, 2007 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BREWER, DON 12621 SAN JOSE BLVD, # 605 JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCURDY, SCOTT 4950 HALL RD, # B ORLANDO, FL 32817 <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 <i>5570 Florida Mining Blvd, #304</i> <i>JACKSONVILLE, FL 32257</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5570 Florida Mining Blvd, #304</i> <i>JACKSONVILLE, FL 32257</i>
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: *Don Brewer* Date: *4/23/07* Daytime Phone #: *904-880-1919*