

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90085 012 ****50.00

DOCUMENT # L04000093002

1. Entity Name

VANDERLEIGH, L.L.C.



Principal Place of Business

3200 HERSCHEL STREET
JACKSONVILLE FL 32205

Mailing Address

3200 HERSCHEL STREET
JACKSONVILLE FL 32205

2. Principal Place of Business - No P.O. Box #

334 East 10th St.

Suite, Apt. #, etc.

Jacksonville, FL

City & State

32206

Zip

Country

USA

3. Mailing Address

334 East 10th St.

Suite, Apt. #, etc.

Jacksonville, Florida

City & State

32206

Zip

Country

USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

01-0839578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KINGSTON, WALTER D III
3200 HERSCHEL STREET
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Name

Kingston, Walter D III

Street Address (P.O. Box Number is Not Acceptable)

334 East 10th St.

Jacksonville, Florida

City

FL

Zip Code

32206

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	KINGSTON, WALTER D III	
STREET ADDRESS	3200 HERSCHEL STREET	
CITY- ST- ZIP	JACKSONVILLE FL 32205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kingston, Walter D III	
STREET ADDRESS	334 East 10th St.	
CITY- ST- ZIP	Jacksonville, Florida 32206	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/18/07

(904) 475-0060