

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000010273

1. Entity Name
VERDE GARDENS, LLC



FILED

2007 MAY 24 P 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4501 BEVERLY AVENUE
JACKSONVILLE, FL 32210

Mailing Address
4501 BEVERLY AVENUE
JACKSONVILLE, FL 32210



2. Principal Place of Business - No P.O. Box #
5851 TIMUGUANA Rd

Suite, Apt., etc.
301

City & State
JACKSONVILLE FL

Zip
32210

Country
DUAL

3. Mailing Address
5851 TIMUGUANA Rd

Suite, Apt., etc.
301

City & State
JACKSONVILLE FL

Zip
32210

Country
DUAL

04202007 Chg-LLC CR2E083 (12/06)

4. FEI Number
51-0537582

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ATLEE, KENYON S
4501 BEVERLY AVENUE
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
5851 TIMUGUANA Rd

Suite, Apt., etc.
Ste 301

City
JACKSONVILLE

State
FL

Zip Code
32210

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

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

MGR
KENDALE G.P., INC.
4501 BEVERLY AVE
JACKSONVILLE, FL 32210

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

*5851 TIMUGUANA Rd Ste 301
JACKSONVILLE FL 32210*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Change ☐ Addition

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TITLE
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☐ Change ☐ Addition

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☐ Change ☐ 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: *Kenyon S. AtLee* KENYON S. ATLEE 4-25-07 904-384-6964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #