
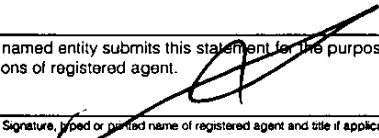
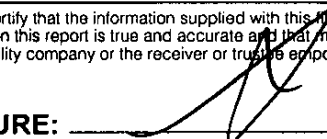


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90306 036 \*\*\*\*50.00

<b>DOCUMENT # L05000012816</b> 1. Entity Name <b>MAYPORT LAND, LLC</b>			
Principal Place of Business <b>1548 THE GREENS WAY SUITE 4 JACKSONVILLE BEACH, FL 32250</b>		Mailing Address <b>1548 THE GREENS WAY SUITE 4 JACKSONVILLE BEACH, FL 32250</b>	
1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250		1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250	
4. FEI Number <b>20-2301096</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>FLETCHER, PAUL Z 1548 THE GREENS WAY SUITE 4 JACKSONVILLE BEACH, FL 32250</b>		<b>7. Name and Address of New Registered Agent</b>  Name Street <b>Edward R. McCue, Jr.</b> <b>1548 The Greens Way, Suite 6</b> City <b>Jacksonville Beach, FL 32250</b> 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 		DATE <b>4/20/07</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FLETCHER, PAUL Z 1548 THE GREENS WAY, SUITE 4 JACKSONVILLE BEACH, FL 32250</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR The Devlin Group, Inc. 1548 The Greens Way, Ste. 3 Jacksonville Beach, FL 32250</b> <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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.			
<b>SIGNATURE:</b> 		Date <b>4/19/07</b> Daytime Phone # <b>904.543.0026</b>	