

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90032 012 ****50.00

DOCUMENT # L05000013623

1. Entity Name
COUNTY ROAD 214 PARTNERS, LLC



Principal Place of Business
9471 BAYMEADOWS RD.
SUITE 403
JACKSONVILLE, FL 32256 US

Mailing Address
9471 BAYMEADOWS RD.
SUITE 403
JACKSONVILLE, FL 32256 US



2. Principal Place of Business
8833 Perimeter Park Blvd

3. Mailing Address
Same as #2

Suite, Apt. #, etc.
Suite 1104

Suite, Apt. #, etc.

01192006 Chg-LLC CR2E083 (11/05)

City & State
Jacksonville FL

City & State

4. FEI Number
20-2510154

Applied For
Not Applicable

Zip
32216

Country
Duval

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOUNG, JAMES R
~~9471 BAYMEADOWS RD.~~
~~SUITE 403~~
JACKSONVILLE, FL 32256

Name

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

Same as #2

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 *James R Young*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

4-9-06

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
YOUNG LAND GROUP, INC.
9471 BAYMEADOWS RD., SUITE 403
JACKSONVILLE, FL 32256 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Same as #2 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

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

Date

Daytime Phone #

James R Young
James R Young
President

4-9-06 (904) 993-2387