


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-30-2007 90039 024 ****50.00

DOCUMENT # L05000014358	
1. Entity Name PV LAKES, LLC	

Principal Place of Business 13361 ATLANTIC BOULEVARD JACKSONVILLE, FL 32225	Mailing Address 13361 ATLANTIC BOULEVARD JACKSONVILLE, FL 32225
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2. Principal Place of Business - No P.O. Box # 700 Ponte Vedra Lakes Blvd.	3. Mailing Address 700 Ponte Vedra Lakes Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ponte Vedra Beach, FL	City & State Ponte Vedra Beach, FL
Zip 32082-1260	Country
Zip 32082-1260	Country



03132007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2511875	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CURLEY, CHARLES R ESQ. 1301 RIVERPLACE BOULEVARD, SUITE 1500 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Charles R. Curley, Esq. DATE 3/16/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00. Due by May 1, 2007.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DODSON, J THOMAS 13261 ATLANTIC BLVD JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	J. Thomas Dodson 700 Ponte Vedra Lakes Blvd. Ponte Vedra Beach, FL 32082-1260 <input checked="" 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
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.

SIGNATURE: [Signature] DATE 3/16/07 (904) 280-7100

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