

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90152 017 \*\*\*\*50.00

60024554



02262007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

LEWIS, MURRAY A  
6639 SOUTHPOINT PARKWAY  
JACKSONVILLE, FL 32216

Name

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

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

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

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LEWIS, MURRAY A  
6639 SOUTHPOINT PARKWAY  
JACKSONVILLE, FL 32216 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
TUCKER, GREG  
6639 SOUTHPOINT PARKWAY  
JACKSONVILLE, FL 32216 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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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 #

3-13-07 904-294-0901

MURRAY A LEWIS

ATTACHMENT  
60024334

## Division of Corporations

## Annual Report

Document Number L05000016168  
Business Entity Name CHRISTIAN BROTHERS, LLC  
FEI Number 202378251  
FEI Number Status  
Certificate of Status Desired No

## Principal Place of Business

Address 4181 SOUTHPOINT DRIVE EAST  
Suite, Apt. #, etc. SUITE 400  
City, State JACKSONVILLE, FL  
Zip Code & Country 32216

## Mailing Address

Address 4181 SOUTHPOINT DRIVE EAST  
Suite, Apt. #, etc. SUITE 400  
City, State JACKSONVILLE, FL  
Zip Code & Country 32216

## Name and Address of Registered Agent

Name (Last, First, Middle, Title) LEWIS, MURRAY, A, MGRM  
Address 4181 SOUTHPOINT DRIVE EAST  
Suite, Apt. #, etc. SUITE 400  
City, State JACKSONVILLE, FL  
Zip Code & Country 32216 US  
Registered Agent Signature MURRAY A. LEWIS

## Managing Member/Manager Name and Address

Title MGRM  
Name (Last, First, Middle, Title) LEWIS, MURRAY, A, MGRM  
Street Address 4181 SOUTHPOINT DRIVE EAST SUITE 400  
City, State JACKSONVILLE, FL  
Zip Code & Country 32216

ATTACHMENT

60024334

**Title** MGR  
**Name (Last, First, Middle, Title)** TUCKER, GREGORY , , MGR  
**Street Address** 4181 SOUTHPOINT DRIVE EAST SUITE 400  
**City, State** JACKSONVILLE, FL  
**Zip Code & Country** 32216

**Title** MGRM  
**Managing Member/Manager Signature** MURRAY A. LEWIS

Continue

Start Over