

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000023135

1. Entity Name
JENNINGS ESTATES, LLC



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

3. Mailing Address

5851 TIMUGUANA Rd
Suite, Apt. #, etc. 301

City & State

JACKSONVILLE FL
Zip 32210 Country DUAL

City & State

JACKSONVILLE FL
Zip 32210 Country DUAL

04202007 Chg-LLC CR2E083 (12/06)

4. FEI Number
54-2168781

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
Ste 301
City JACKSONVILLE 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 MGR
NAME KENDALE G.P., INC.
STREET ADDRESS 4501 BEVERLY AVE
CITY-ST-ZIP JACKSONVILLE, FL 32210 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 5851 TIMUGUANA Rd Ste 301
CITY-ST-ZIP JACKSONVILLE FL 32210 ☒ Change ☐ Addition

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

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

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

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

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: 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 #

FILED

2007 MAY 24 P 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

