

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038382

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** JACK'S CREEK PRESERVE LLC

**Current Principal Place of Business:**

9428 BAYMEADOWS ROAD  
SUITE 230  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

9995 GATE PARKWAY N  
SUITE 400  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

9428 BAYMEADOWS ROAD  
SUITE 230  
JACKSONVILLE, FL 32256

**New Mailing Address:**

9995 GATE PARKWAY N  
SUITE 400  
JACKSONVILLE, FL 32246

**FEI Number:** 20-2711865

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

CURLEY, CHARLES R JR  
1301 RIVERPLACE BLVD., SUITE 1500  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: THE ARCHER GROUP  
Address: 9428 BAYMEADOWS ROAD SUITE 230  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: THE ARCHER GROUP  
Address: 9995 GATE PARKWAY N SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIM RITCH

MGRM

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date