

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000042983

1. Entity Name
FAVERGRAY RESIDENTIAL, LLC



Principal Place of Business
**11555 CENTRAL PARKWAY, SUITE 301
JACKSONVILLE, FL 3224**

Mailing Address
**11555 CENTRAL PARKWAY, SUITE 301
JACKSONVILLE, FL 3224**



04252007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2804988

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STONEBURNER BERRY & SIMMONS, P.A.
841 PRUDENTIAL DRIVE, SUITE 1400
JACKSONVILLE, FL 32207**

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	GRAY, JAMES A
STREET ADDRESS	11555 CTRL PKWY STE 301
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	EVP
NAME	FAVER, WILLIAM K
STREET ADDRESS	11555 CTRL PKWY STE 301
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/11/07-80055-002 50.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

JAMES A GRAY

4/25/07

Date

(904) 208-2000

Daytime Phone #