

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042983

FILED
May 14, 2008
Secretary of State

Entity Name: FAVERGRAY RESIDENTIAL, LLC

Current Principal Place of Business:

11555 CENTRAL PARKWAY, SUITE 301
JACKSONVILLE, FL 3224

New Principal Place of Business:

Current Mailing Address:

11555 CENTRAL PARKWAY, SUITE 301
JACKSONVILLE, FL 3224

New Mailing Address:

FEI Number: 20-2804988 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: P () Delete
Name: GRAY, JAMES A
Address: 11555 CTRL PKWY STE 301
City-St-Zip: JACKSONVILLE, FL 32224

Title: EVP () Delete
Name: FAVER, WILLIAM K
Address: 11555 CTRL PKWY STE 301
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: GRAY, JAMES A
Address: 11555 CTRL PKWY STE 301
City-St-Zip: JACKSONVILLE, FL 32224

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES A GRAY

PRES

05/14/2008

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