

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042983

FILED
Apr 30, 2009
Secretary of State

Entity Name: FAVERGRAY RESIDENTIAL, LLC

Current Principal Place of Business:

11555 CENTRAL PARKWAY, SUITE 301
JACKSONVILLE, FL 32224

New Principal Place of Business:

11555 CENTRAL PARKWAY, SUITE 301
JACKSONVILLE, FL 32224

Current Mailing Address:

11555 CENTRAL PARKWAY, SUITE 301
JACKSONVILLE, FL 32224

New Mailing Address:

11555 CENTRAL PARKWAY, SUITE 301
JACKSONVILLE, FL 32224

FEI Number: 20-2804988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SIMMONS, SIDNEY S
1050 RIVERSIDE AVE
JACKSONVILLE, FL 32204 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: SIDNEY S SIMMONS

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

04/30/2009

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