

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90349 027 ****50.00

60037085



04022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2901066

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TECHNOLOGY ENTERPRISE CENTER
4905 BELFORT ROAD, SUITE 110
JACKSONVILLE, FL 32256

**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	MGRM
NAME	CLARKSON, CHARLES
STREET ADDRESS	3100 UNIVERSITY BLVD. #200
CITY - ST - ZIP	JACKSONVILLE, FL 32216
TITLE	MGRM
NAME	HUGHES, CHARLES
STREET ADDRESS	3581 SILVERY LANE
CITY - ST - ZIP	JACKSONVILLE, FL 32217
TITLE	MGRM
NAME	GOODALL, WILLIAM
STREET ADDRESS	109 TANL NEST COURT
CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	MGRM
NAME	HUNT, DAVID
STREET ADDRESS	193 SEA HAMMOCK WAY
CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	MGRM
NAME	MCCORMICK, MICHAEL DR.
STREET ADDRESS	115 SHAMROCK BLVD.
CITY - ST - ZIP	VENICE, FL 34293
TITLE	MGRM
NAME	THOMPSON, JOE & CAROL
STREET ADDRESS	24905 MARSH LANDING PKWY
CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082

**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

Date

Daytime Phone #

4-13-07 904-7304200