2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000053129



FILED Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90044 027 ****50.00

☐ Addition

Change

Daytime Phone #

Date

40000177

1. Entity Name
JACKSON TIMBERLAND LLC

Principal Place of Business GOOS CATE DADKWAY N. SHITE 400

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Mailing Address

9995 GATE PARKWAY N. SHITE 400

| JACKSONVILLE, FL 32246 JACKSONVILLE, FL 32246 JACKSONVILLE, FL 32246 JACKSONVILLE, FL 32246 | | | | | II MUNI MANI MANA MANA ARAM | 101 O11OR (33R) SIRIO IIRID | 351531 M 1051 |
|---|---|---------------------------------|---|----------------------------------|------------------------------|------------------------------------|-------------------------------|
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03282007 | Chg-LLC | CR2E083 (12/06 | 5) |
| City & State | | City & State | | 4. FEI Numb 20-290 | | | Applied For Not Applicable |
| Zip | Country | Zip | Country | 5. Certificat | of Status Desired | 55.00 A Fee Requi | |
| 6. Name and Address of Current | | Registered Agent | | 7. Name an | d Address of New Regis | stered Agent | |
| | | | Name | | | | |
| CURLEY, CHARLES R JR 1301 RIVERPLACE BLVD., SUITE 1500 JACKSONVILLE, FL 32207 | | Street Address | | Address (P.O. Box Numb | per is Not Acceptable) | | |
| | | City | | | | FL Zip Co | ode |
| | named entity submits this statement for ions of registered agent. | the purpose of changing its re | egistered office o | or registered agent, or b | oth, in the State of Florida | a. I am familiar wit | h, and accept |
| SIGNATURE . | Signature, typed or printed name of registered agent a | nd little if applicable. (NOTE: | Registered Agent signa | ture required when reinstating) | | DATE | |
| | • | | | | · | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | | | | | |
| Fi D | ling Fee is \$50.00 ue by May 1, 2007 | | | | Florida De | heck payable to epartment of St | |
| 9. | iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBER | RS/MANAGERS | 10. | MGRM | | epartment of St | |
| D: | ue by May 1, 2007 | | 10. | -MGRM | Florida De | epartment of St | ate |
| 9. | ue by May 1, 2007 MANAGING MEMBER | RS/MANAGERS TO Delete | - | The Archer Grou | Florida De | ** GES Change | ate |
| 9. IIILE | MANAGING MEMBER | | TITLE | The Archer Grou 9428 Baymeado | Florida De | ** GES Change | ate |
| 9. IITLE NAME | MANAGING MEMBER MGRM RITCH, TIM | | TITLE NAME | The Archer Grou | Florida De | ** GES Change | ate |
| 9. TITLE NAME STREET ADDRESS | MANAGING MEMBER MGRM RITCH, TIM 3919 CONSLOVA AVE | | TITLE NAME STREET ADDRESS | The Archer Grou 9428 Baymeado | Florida De | ** GES Change | Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBER MGRM RITCH, TIM 3919 CONSLOVA AVE JACKSONVILLE, FL 32207 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | The Archer Grou 9428 Baymeado | Florida De | epartment of Sta | Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | MANAGING MEMBER MGRM RITCH, TIM 3919 CONSLOVA AVE JACKSONVILLE, FL 32207 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | The Archer Grou 9428 Baymeado | Florida De | epartment of Sta | Addition |
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| 9. INTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | MANAGING MEMBER MGRM RITCH, TIM 3919 CONSLOVA AVE JACKSONVILLE, FL 32207 MGRM BORAE, GREG 2425 HOPKINS ST | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | The Archer Grou 9428 Baymeado | Florida De | epartment of Sta | Addition Addition |
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☐ Delete

SIGNATURE:
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TITLE

NAME

11. Thereby 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.

STREET ADDRESS CITY-ST-ZIP