2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-29-2007 00179 007 ****50.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03162007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000065189

1. Entity Name
EASTON FARMS, LLC

Principal Place of Business: ~~13361 ATLANTIC BOULEVARD JACKSONVILLE, FL 32225~~

Mailing Address: ~~13361 ATLANTIC BOULEVARD JACKSONVILLE, FL 32225~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
700 Ponte Vedra Lakes Blvd.	700 Ponte Vedra Lakes Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ponte Vedra Beach, FL	City & State: Ponte Vedra Beach, FL
Zip: 32082-1260 Country:	Zip: 32082-1260 Country:

4. FEI Number: 20-3115750 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CURLEY, CHARLES R JR ESQ
1301 RIVERPLACE BOULEVARD, SUITE 1500
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 *Charles P. Curley, Jr., Esq.* DATE *3/16/07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DODSON, THOMAS 13~~361 ATLANTIC BLVD~~ ~~JACKSONVILLE, FL 32225~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	J. Thomas Dodson 700 Ponte Vedra Lakes Blvd. Ponte Vedra Beach, FL 32082-1260 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] *3/16/07* *(904) 280-7100*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #