

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90026 050 ****50.00

DOCUMENT # L05000066713

1. Entity Name
ARUNDEL LAND LLC



Principal Place of Business
**155 EAST 21ST STREET
JACKSONVILLE, FL 32206-2104**

Mailing Address
**155 EAST 21ST STREET
JACKSONVILLE, FL 32206-2104**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRICK, DENNIS D ESQ
155 E 21ST ST
JACKSONVILLE, FL 32206**

Name **Barbara C. Johnston, Esquire**

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

155 E. 21st Street

City **Jacksonville**

FL Zip Code **32206**

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

Barbara C. Johnston

(NOTE: Registered Agent signature required when reinstating)

April 16, 2006

DATE

**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
THE ARUNDEL CORPORATION
34 LOVETON CIR STE 200
SPARKS GLENCOE, MD 21152** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Wallace A. Patzke, Jr.

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

4/13/07

(904) 355-1781

Date

Daytime Phone #

Wallace A. Patzke, Jr., Treasurer