

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90028 017 \*\*\*138.75

**DOCUMENT # L05000072616**



1. Entity Name  
WKRB, LLC

Principal Place of Business  
9995 GATE PKWY. N  
STE. 400  
JACKSONVILLE, FL 32246

Mailing Address  
9995 GATE PKWY. N  
STE. 400  
JACKSONVILLE, FL 32246

**60037160**



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

9428 Baymeadows Road

3. Mailing Address

9428 Baymeadows Road

Suite, Apt. #, etc.

230

Suite, Apt. #, etc.

230

04172008 Chg-LLC CR2E083 (12/06)

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

20-3192656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

IBACH, JOHN R  
1301 RIVERPLACE BOULEVARD, SUITE 1500  
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name

Chris Strickmeyer

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

1301 Riverplace Blvd Suite 1500

City

Jacksonville

FL

Zip Code

32207

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
The Archer Group ☒ Delete  
DBA Ikena Timberland and Dev.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member ☐ Delete  
Tim R. Rich  
9428 Baymeadows Rd Suite 230  
Jacksonville, FL 32256

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member ☐ Delete  
Greg Borel  
9428 Baymeadows Rd Suite 230  
Jacksonville, FL 32256

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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:**

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

4/28/07

Date

404-996-8337

Daytime Phone #