## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED HAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## May 04, 2007 8:00 am Secretary of State 05-04-2007 90306 038 \*\*\*\*50.00 **DOCUMENT # L05000082829** 1. Entity Name THE GROVE AT MANDARIN, LLC 0003~*-*Principal Place of Business Mailing Address 1548 THE GREENS WAY, STE. 3 1548 THE GREENS WAY, STE. 3 JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250 2. Principal Place of Business - No P.O. Box # 3. Mailing Address ot. #, etc. 04122007 Chq-LLC CR2E083 (12/06) - 1548 The Greens Way, Suite 6 tate 4. FEI Number Applied For Jacksonville Beach, FL 32250 20-3800458 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. I ame and Address c. rent Registered Agent MCCUE, EDWARD R JR s Edward R. McCue, Jr. 1548 THE GREENS WAY, STE. 🕉 🕼 JACKSONVILLE BEACH, FL 32250 - 1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250 Zip Code 8. The above named entity submits this statement & ose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE 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 MGR ☐ Delete TITLE Change ☐ Addition C. ATKERSON, INC. NAME NAME STREET ADDRESS 1548 THE GREENS WAY, SUITE 3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 CITY-ST-ZIP MGR ☐ Delete TITLE ☐ Addition THE DEVLIN GROUP, INC. The Devlin Group, Inc. NAME NAME 1548 The Greens Way, Ste. 6 STREET ADDRESS 1548 THE GREENS WAY, SUITEX 6 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 CITY-ST-ZIP Jacksonville Beach, FL 32250 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 pushed empowered to execute this report as required by Chapter 608, Florida Statutes.

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