

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90071 031 ***277.50

60013360



03272008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3383223

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PENDLETON, TERRY G
2 CAMINO DEL MAR
PALM COAST, FL 32137

7. Name and Address of New Registered Agent

Name Jacobs, David M.
Street Address (P.O. Box Number is Not Acceptable)
2 Camino del Mar
City Palm Coast FL 32137

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 David M. Jacobs
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

MARCH 28, 2008
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	P	<input checked="" type="checkbox"/> Delete
NAME	PENDLETON, TERRY G	
STREET ADDRESS	2 CAMINO DEL MAR	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JACOBS, DAVID M	
STREET ADDRESS	2 CAMINO DEL MAR	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	PENDLETON, TERRY G	
STREET ADDRESS	2 CAMINO DEL MAR	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	MEMB	<input type="checkbox"/> Delete
NAME	H.D. ASSOCIATES, L.P.	
STREET ADDRESS	3401 ARMSTRONG AVENUE	
CITY-ST-ZIP	DALLAS, TX 75205	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARNES, JUDITH A	
STREET ADDRESS	2 CAMINO DEL MAR	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacobs, David M.	
STREET ADDRESS	2 Camino del Mar	
CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Colee, Sterling D.	
STREET ADDRESS	2 Camino del Mar	
CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE	Manager	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacobs, David M.	
STREET ADDRESS	2 Camino del Mar	
CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: David M. Jacobs David M. Jacobs MAR 28, 2008 386/446-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #