

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099951

FILED
May 01, 2006
Secretary of State

Entity Name: MCGIRTS CREEK VILLAGE, LLC

Current Principal Place of Business:

6215 WILSON BLVD
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

PO BOX 441149
JACKSONVILLE, FL 322220012

New Mailing Address:

FEI Number: 16-1738430 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BRANNEN, WILLIAM M
6215 WILSON BLVD
JACKSONVILLE, FL 32210 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: JAMES, KELLY M
Address: 6215 WILSON BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR () Change (X) Addition
Name: FRESHWATER, CHARLES D
Address: 6215 WILSON BLVD
City-St-Zip: JAACKSONVILLE, FL 32210

Title: MGR () Change (X) Addition
Name: BRANNEN, WILLIAM M
Address: 6215 WILSON BLVD
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: W M BRANNEN

MGR

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date