
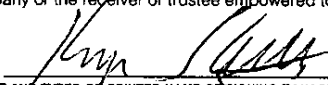


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L05000104922</b> 1. Entity Name <b>THE MEADOWS LAND INVESTMENT, LLC</b>					
Principal Place of Business <b>4501 BEVERLY AVENUE JACKSONVILLE, FL 32210</b>				Mailing Address <b>4501 BEVERLY AVENUE JACKSONVILLE, FL 32210</b>	
2. Principal Place of Business - No P.O. Box # <b>5851 TIMUQUANA Rd</b> Suite, Apt. #, etc. <b>301</b>		3. Mailing Address <b>5851 TIMUQUANA Rd</b> Suite, Apt. #, etc. <b>301</b>			
City & State <b>JACKSONVILLE FL</b>		City & State <b>JACKSONVILLE FL</b>		4. FEI Number <b>20-3669150</b>	
Zip <b>32210</b>		Country <b>DUVAL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ATLEE, KENYON S 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5851 TIMUQUANA Rd</b> <b>Ste 301</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32210</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KENDALE G.P., INC. 4501 BEVERLY AVE JACKSONVILLE, FL 32210</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5851 TIMUQUANA Rd Ste 301 JACKSONVILLE FL 32210</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>  <b>KENYON S. ATLEE</b> <b>4-25-07</b> <b>904-384-6964</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER/OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

FILED

2007 MAY 24 P 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA