2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000104922

1. Entity Name

THE MEADOWS LAND INVESTMENT, LLC



Principal Place of Business

Mailing Address

5851 TIMUOUANA RD. STE 301 JACKSONVILLE, FL 32210

5851 TIMUQUANA RD, STE 301 JACKSONVILLE, FL 32210

FILEL SECRETARY OF STATE TALLAHASSEE, FLORIDA

08 APR 25 PM 12: 14



04162008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number 20-3669150	
5.	Certificate of Status Desired	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

	ENYON S JQUANA RD, STE 301 IVILLE, FL 32210	DO NOT WRITE IN THIS SPACE	
	e named entity submits this statement for the purpose of changing il tions of registered agent.	s registered office or registered agent, or both, in the State of Florida. I am familia	r with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable, (NC	TE. Registered Agent signature required when reinstating) DATE	
After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	00012575114 04/25/0801002011 **	O 1621,25
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY ST-ZIP	MGR KENDALE G.P., INC. 5851 TIMUQUANA RD, STE 301 JACKSONVILLE, FL 32210		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			andr ajð

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11. I hereby certify that the information supplied with this filling 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 regeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

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

CITY-ST-ZIP

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