

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

04-24-2007 90108 043 ****50.00

DOCUMENT # L05000109828

1. Entity Name
MONTOUR 5143 UNIVERSITY, LLC



Principal Place of Business

% GARY M. MONTOUR
ONE INDEPENDENT DRIVE, STE. 2401
JACKSONVILLE, FL 32202

Mailing Address

% GARY M. MONTOUR
ONE INDEPENDENT DRIVE, STE. 2401
JACKSONVILLE, FL 32202

30008024



01182007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTOUR, GARY M
ONE INDEPENDENT DRIVE
SUITE 2401
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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: *Gary Montour*

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

(NOTE: Registered Agent signature required when re-registering)

DATE

4/17/07

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MONTOUR, GARY M
STREET ADDRESS	ONE INDEPENDENT DRIVE, STE. 2401
CITY-ST-ZIP	JACKSONVILLE, FL 32202

TITLE	
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**DO NOT WRITE
IN THIS SPACE**

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: *Gary Montour*

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

Date

Signature Phone #

5/8/07