

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2007 8:00 am
Secretary of State

01-29-2007 90147 028 ****50.00

DOCUMENT # L06000003142 1. Entity Name 630 PARK STREET, L.L.C.					
Principal Place of Business 1923 SOUTHAMPTON ROAD JACKSONVILLE, FL 32207			Mailing Address 1923 SOUTHAMPTON ROAD JACKSONVILLE, FL 32207		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01252007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 20-412171	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KENNEY, THERESA M ESQ. FORD, BOWLUS, DUSS, MORGAN, ET AL. P.A. 10110 SAN JOSE BOULEVARD JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent Name <u>Stanton Hudmon (MGR)</u> Street Address (P.O. Box Number is Not Acceptable) <u>1923 Southampton Road</u> City <u>Jacksonville</u> FL Zip Code <u>32207</u>	
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 <u>Stanton Hudmon</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/20/07</u>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HUDMON, STANTON 1923 SOUTHAMPTON ROAD JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete			
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		
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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.					
SIGNATURE: <u>Stanton Hudmon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>1-25-07</u> <small>Daytime Phone #</small>	