



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90042 050 ****50.00

DOCUMENT # L06000009191 1. Entity Name PLAYWORKS PROPERTIES, L.L.C.																													
Principal Place of Business 4508 ARCH CREEK DRIVE JACKSONVILLE, FL 32257			Mailing Address 4508 ARCH CREEK DRIVE JACKSONVILLE, FL 32257																										
2. Principal Place of Business - No P.O. Box # 12276 SAN JOSE BLVD Suite, Apt. #, etc. SUITE # 507 City & State JACKSONVILLE FL		3. Mailing Address 12276 SAN JOSE BLVD Suite, Apt. #, etc. SUITE # 507 City & State																											
Zip 32223 Country FL		Zip 32223 Country FL		01142007 Chg-LLC CR2E083 (12/06) 4. FEI Number 20-4365212 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent WALKER, JAMES V 228 PONTE VEDRA PARK DRIVE SUITE 200 PONTE VEDRA BEACH, FL 32082																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP																	
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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: <i>Jill Motsett</i> / <i>Jill Motsett</i> x 4/24/07 x 904-288-8910 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													