

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90042 020 \*\*\*\*50.00

|  |                                 |   |  |   |  |
|--|---------------------------------|---|--|---|--|
| <b>DOCUMENT # L06000014399</b><br>1. Entity Name<br><b>DEERWOOD CAPITAL LLC</b>  |                                 |   |  |    |  |
| Principal Place of Business<br><b>C/O CAPITAL PARTNERS, INC.<br/>         ONE INDEPENDENT DRIVE, SUITE 114<br/>         JACKSONVILLE, FL 32202</b>   |                                 |   | Mailing Address<br><b>C/O CAPITAL PARTNERS, INC.<br/>         ONE INDEPENDENT DRIVE, SUITE 114<br/>         JACKSONVILLE, FL 32202</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>One Independent Drive</b><br>Suite, Apt. #, etc.  |                                 | 3. Mailing Address<br><b>One Independent Drive</b><br>Suite, Apt. #, etc. |  |   |  |
| <b>Suite 1850</b><br>City & State<br><b>Jacksonville, FL</b>   |                                 | <b>Suite 1850</b><br>City & State<br><b>Jacksonville, FL</b>              |  | 4. FEI Number<br><b>20-4811482</b>  |  |
| Zip<br><b>32202</b>  |                                 | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>EVANS, WILLIAM G<br/>         ONE INDEPENDENT DRIVE, SUITE 114<br/>         JACKSONVILLE, FL 32202</b>   |                                 |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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<br/>Due by May 1, 2007</b>  |                                 |   | <b>Make check payable to<br/>Florida Department of State</b>   |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |                                 |   | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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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. |                                 |   |  |   |  |
| <b>SIGNATURE:</b>   |                                 |   | Authorized Representative  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                                 |   | Date: 4/24/07 Daytime Phone #: (904) 356-1978  |   |  |

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