

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90282 030 ****50.00

DOCUMENT # L06000016921

1. Entity Name

WEST NASSAU LAND DEVELOPMENT, LLC



Principal Place of Business

10739 DEERWOOD PARK BLVD
SUITE 200A
JACKSONVILLE FL 32256

Mailing Address

POST OFFICE BOX 626
CALLAHAN FL 32011

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-4319837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)



6. Name and Address of Current Registered Agent

MAXWELL, DOUGLAS R
10739 DEERWOOD PARK BOULEVARD
SUITE 200A
JACKSONVILLE FL 32256

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

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

(NOTE: Registered Agent signature required when reinstating)

2/23/07

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME STANFORD, JR., JOHN C
STREET ADDRESS POST OFFICE BOX 626
CITY - ST - ZIP CALLAHAN FL 32011

TITLE MGR ☐ Delete
NAME BENNETT, JUDSON
STREET ADDRESS POST OFFICE BOX 626
CITY - ST - ZIP CALLAHAN FL 32011

TITLE MGR ☐ Delete
NAME BURNS, ANDREW
STREET ADDRESS POST OFFICE BOX 626
CITY - ST - ZIP CALLAHAN FL 32011

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #