## Mar 10, 2008 8:00 am Secretary of State 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT 03-10-2008 90336 044 \*\*\*138.75 **DOCUMENT # L06000031652** 1. Entity Name THE HENDERSON FAMILY INVESTORS, L.L.C. Mailing Address Principal Place of Business 6750 EPPING FOREST WAY W. #110 6750 EPPING FOREST WAY N. #110 JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32217 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6750 Epping Forest Way N Suite, Apt. #, etc. Suite, Act. #, etc. 03042008 CR2E083 (12/06) #110 City & State City & State 4. FEI Number Applied For Jacksonville, FL Not Applicable 20-4642944 Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 32217 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Louise H. Grange ANSBACHER & SCHNEIDER, P.A. Street Address (P.O. Box Number is Not Acceptable) 5150 BELFORT ROAD **BUILDING 100** JACKSONVILLE, FL 32256 6750 Epping Forest Way N #110 8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept <u>3-07-08</u> FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM ... TITLE K Change ☐ Addition TITLE Delete RAHN, CAROLYN HENDER NAME NAME 6750 Epping Forest Way N #110 6750 EPPING FOREST WAY, WEST #110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32217 CITY-ST-ZIP Jacksonville, FL 32217 MGRM K Change ☐ Addition TITLE TITLE ☐ Delete GRANGE, LOUISE HENDERS NAME NAME 6750 Epping Forest Way N #110 STREET ADDRESS 6750 EPPING FOREST WAY, WEST #110 STREET ADDRESS JACKSONVILLE, FL 32217 CITY-ST-ZIP Jacksonville, FL 32217 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: Louise H. Grange Juliu V Starle 3-07-08(904) 737-9426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date

Date

Date

Despired Phone #