## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 05, 2007 8:00 am Secretary of State

DOCUMENT # L06000049450  1. Enlity Name MCGARVEY RESIDENTIAL COMMUNITIES, LLC							04-05-2007	90024 (	002 ****	50.00
Principal Place of Business  432 OSCEOLA DRIVE  JACKSONVILLE BEACH, FL 32250  Mailing Address  432 OSCEOLA DRIVE  JACKSONVILLE BEACH, FL 32250  JACKSONVILLE BEACH, FL					250	1487/811	6003 <i>6</i>	Lėsus Bičis is	M ZIZZI GIIM AZI	<b>de</b> l inco <b>r</b> ei
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03052007	Chg-LLC	CR2E0	83 (12/06)	
City & State			City & State			4. FEI Numi	per	· _ <del>-</del>	~ ~	plied For t Applicable
Zip	Country		Zip Cou		itry	5. Certificat	e of Status Desired		\$5.00 Add Fee Require	
6. Name and Address of Curren			Registered Agent		Name	7. Name an	d Address of New R	egistered A	gent	
MCGARVEY, JAMES NIJR.					Name					
432 OSCEOLA DRIVE					Street Addr	ress (P.O. Box Num	per is Not Acceptable	)		
JACKSON	VILLE BE	ACH, FL 32250								
					City	<del></del>		FL	Zip Cod	 9
G. The above	named onti	ty cultimite this statement	for the purpose of changing it	e rapietar	ad office or re-	gistared agent of b	oth in the State of Ele		amiliar with	and accept
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 late if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
Filing Fee is \$50.00 Due by May 1, 2007								e check p i Departm	ayable to ent of State	3
9.		MANAGING MEME	BERS/MANAGERS	10.			ADDITIONS/	CHANGES		
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NAME STREET ADDRESS		/EY, JAMES N JR. EOLA DRIVE		NAN Str	EET ADORESS					
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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 his report as required by Chapter 608, Florida Statutes.										
	(	\	\ \n\\Y\						47 0400	
SIGNATURE: 3/21/2007 904-247-9160  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZE REPRESENTATIVE Date Devision Pront 6										

James N. McGarvey, Jr.