2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 18, 2007 8:00 am Secretary of State

4/2

	<u> </u>				_	0.4.0.5.04	.		
DOCUMENT # L06000060975 1. Entity Name SECRET HILL LAND GROUP, LLC						04-26-20	JO7 90C)27 022 *	***50.00
Principal Place of Business 5558 MARINERS COVE DRIVE IACKSONVILLE, FL 32210		Mailing Address 5558 MARINERS COVE DRIVE JACKSONVILLE, FL 32210		2 10 P(10)1 B)1	BRIG SIM STAL BOM BY		00825		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04202007	Chg-LLC	CR2E	:083 (12/06)		
City & State		City & State			4. FEI Numbe	" 20- 50	404	'A X ⊢ ⊢	pplied For lot Applicable
Zip	Country	Zip	Countr	ry	5. Certificate	of Status Desired		\$5.00 Ad Fee Require	
	6. Name and Address of Current	Registered Agent			7, Name and	Address of New F	Registered	Agent	
	NOLAN, P.A. SCHEL STREET #105			Name Street Address (P.O. Box Numb	er is Not Acceptable	e)	.	
	VILLE, FL 32210		}						
]				City			F	L Zip Coo	te e
	named entity submits this statement folions of registered agent.	or the purpose of changing its	registered	d office or register	red agent, or bo	h, in the State of Fi	orida. I an	n familiar with	, and accept
GIGHT.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Reg stared	Agent signeturs required	J when reinste(mg)		DATE		
 -	lling Fee is \$50.00 ue by May 1, 2007		Registered	Agent algness is required	d when reinsteling)	Florid	ke check a Departi	payable to ment of Sta	10
 -			Peg stared	Agent alghebra required	j when (einsteiling)		ke check a Departi	payable to ment of Sta	10
FI	MING Fee Is \$50.00 WANAGING MEMB MGR BELL, HARRY CRAIG 5558 MARINERS COVE DRIVE		10. TITLE NAME STREE		d when reinsteing)	Florid	ke check a Departi	payable to ment of Sta	Addition
9. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMB MGR BELL, HARRY CRAIG 5558 MARINERS COVE ORIVE JACKSONVILLE, FL 32210 MGR MCKINNEY, FRANK EVIN 5558 MARINERS COVE DRIVE	ERS/MANAGERS Delete	10. ITTLE HAME STREE CITY: TITLE NAME STREE	T ADDRESS ST-ZIP	d when reinstelling)	Florid	ke check a Departi	payable to ment of Sta	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMB MGR BELL, MARRY CRAIG 5558 MARINERS COVE ORIVE JACKSONVILLE, FL 32210 MGR MCKINNEY, FRANK EVIN	ERS/MANAGERS Delete	10. TITLE NAME STREE CITY: TITLE NAME CITY: TITLE NAME STREE TAME STREE	T ADDRESS ST-ZIP	d when reinstelling)	Florid	ke check a Departi	payable to ment of Star S	Addition
9. BILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MEMB MGR BELL, HARRY CRAIG 5558 MARINERS COVE ORIVE JACKSONVILLE, FL 32210 MGR MCKINNEY, FRANK EVIN 5558 MARINERS COVE DRIVE	ERS/MANAGERS Delete	10. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE STREE	T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ST-ZIP	J when reinste(ing)	Florid	ke check a Departi	payable to ment of Star Change	Addition
9. TITLE MAME STREET ADDRESS CITY-SI-ZIP TITLE MAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MANAGING MEMB MGR BELL, HARRY CRAIG 5558 MARINERS COVE ORIVE JACKSONVILLE, FL 32210 MGR MCKINNEY, FRANK EVIN 5558 MARINERS COVE DRIVE	ERS/MANAGERS Delete Delete	10. TITLE NAME STREE CITY-: TITLE HAME STREE CITY-: TITLE HAME STREE CITY-: TITLE HAME STREE CITY-: TITLE HAME STREE STREE STREE	T ADDRESS S1-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	d when reinsteing)	Florid	ke check a Departi	payable to ment of Star Change Change	Addition Addition

11. I hereby centry that the information supplied with this fiting 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: U.S. BOLL HATTY C. BOLL 4-13-07 404-635-3076

DOWN DOWN PROFES PROPRIES PROFES PROPRIES PROFES P