## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Feb 28, 2007 8:00 am Secretary of State DOCUMENT # L06000062036 02-28-2007 90147 031 \*\*\*\*50.00 1. Entity Name JULINGTON CREEK LANDS, LLC Mailing Address Principal Place of Business 132 DEER LAKE DRIVE 132 DEER LAKE DRIVE PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 US 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 02152007 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State 20-5063963 Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COLEMAN, C. RANDOLPH Street Address (P.O. Box Number is Not Acceptable) 9250 BAYMEADOWS ROAD JACKSONVILLE, FL 32256 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, typedfor printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Addition ☐ Change TITLE MGRM ☐ Delete TITLE JOESPH, CHARLES F NAME NAME STREET ADDRESS 132 DEER LAKE DRIVE STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP [ ] Change Addition MGRM Delete TITLE TITLE JOSEPH, WYNDEE NAME NAME 132 DEER LAKE DRIVE STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH, FL 32082 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete THE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HUE ☐ Change Addition Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

JRE: MY WLOW Wunder B. TOSEPH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED