

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90328 029 \*\*\*\*50.00

|  |                                 |   |   |   |  |
|--|---------------------------------|---|---|---|--|
| <b>DOCUMENT # L06000067761</b><br>1. Entity Name<br>315 PONTE VEDRA, L.L.C.  |                                 |   |   |   |  |
| Principal Place of Business<br>4046 ALHAMBIA DRIVE WEST<br>JACKSONVILLE, FL 32207  |                                 |   | Mailing Address<br>4046 ALHAMBIA DRIVE WEST<br>JACKSONVILLE, FL 32207 |   |  |
| 2. Principal Place of Business - No P.O. Box #   |                                 | 3. Mailing Address  |   |   |  |
| Suite <b>7880 GATE PARKWAY SUITE 300</b><br><b>JACKSONVILLE, FL 32256</b>  |                                 | Suite, Apt. #, etc.<br><b>7880 GATE PARKWAY SUITE 300</b> |   |   |  |
| City & State   |                                 | City & State <b>JACKSONVILLE, FL 32256</b>                |   |   |  |
| Zip  | Country                         | Zip   | Country   | 4. FEI Number<br><b>20-5195268</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                 |   |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ANSBACHER &amp; SCHNEIDER, P.A.</b><br><b>5150 BELFORD ROAD BUILDING 100</b><br><b>JACKSONVILLE, FL 32256</b>  |                                 |   |   | 7. Name and Address of New Registered Agent<br>Name <b>Mike Ashourian</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>7880 GATE PARKWAY SUITE 300</b><br><b>JACKSONVILLE, FL 32256</b><br>City <b>FL</b> 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  |                                 | <b>MIKE ASHOURIAN MGR</b>                                 |   | <b>4/24/07</b>  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |                                 | Make check payable to<br>Florida Department of State      |   |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |                                 |   | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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:   |                                 | <b>Elaine Ashourian</b>                                   |   | <b>4/24/2007 9049929000</b>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                                 | Date  |   | Daytime Phone #   |  |