## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L06000080305** 

1. Entity Name
JULINGTON CREEK LLC



FILED Feb 01, 2008 08:00 AN Secretary of State

Principal Place of Business

12760 SAN JOSE BLVD. JACKSONVILLE, FL 32223 Mailing Address

WILEY E. ANDREU 12842 WANDA LANE JACKSONVILLE, FL 32258



01082008 No Chg-LLC

CR2E083 (12/07)

Fee Required

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ANDREU, WILEY E 12842 WANDA LANE JACKSONVILLE, FŁ 32258

## DO NOT WRITE IN THIS SPACE

•		
	named entity submits this statement for the purpose of changions of registered agent.	ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accep
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)  DATE
	NOWIII FEE IS \$138.75 / 1, 2008 Fee will be \$538.75	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDREU, WILEY E 12842 WANDA LANE JACKSONVILLE, FL 32258	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		000000811478 02/12/08-80009-006 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CFTY-S1-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Ser N.
NAME STREET ADDRESS CITY-ST-ZIP		
indicated	certify that the information supplied with this filing does not of an this report is true and accurate and that my signature stability company or the receiver or trustee empowered to execute the state of the state	qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information iall have the same legal effect as if made under oath; that I am a managing member or manager of the cute this report as required by Chapter 608. Florida Statutes.

TED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE