


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90016 041 ***138.75

DOCUMENT # L06000083058	
1. Entity Name SANCTUARY BUILDING & DEVELOPMENT, LLC	

Principal Place of Business 12548 KERNAN FOREST BLVD. JACKSONVILLE, FL 32225	Mailing Address 12548 KERNAN FOREST BLVD. JACKSONVILLE, FL 32225
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60036560



2. Principal Place of Business - No P.O. Box # 181 JOHNS GLEN DR.	3. Mailing Address 181 JOHNS GLEN DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04222008 Chg-LLC CR2E083 (12/06)

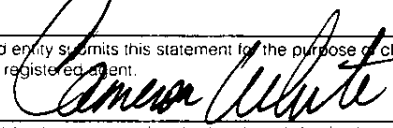
City & State ST. JOHNS, FL	City & State ST. JOHNS, FL
Zip 32259	Zip 32259
Country U.S.	Country U.S.

4. FEI Number 20-5439885	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HOWARD J. SMITH, P.A. 12443 SAN JOSE BOULEVARD SUITE 1004 JACKSONVILLE, FL 32223	
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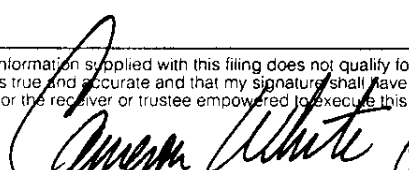
7. Name and Address of New Registered Agent Name SMITH & WHITE, P.A. Street Address (P.O. Box Number is Not Acceptable) 12961 NORTH MAIN ST.; STE. 203 City JACKSONVILLE FL Zip Code 32218	
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8. The above named entity submits this statement for the purpose 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  CAMERON WHITE DATE 04.22.2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALBERT, ROY M 12548 KERNAN FOREST BLVD. JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALBERT, ROY M 181 JOHNS GLEN DR., ST. JOHNS, FL 32259 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:  CAMERON WHITE DATE 04.22.2008 DAYTIME PHONE # 904.886.0004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>

AS REGISTERED AGENT