

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000086174

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

**Entity Name:** JULINGTON CREEK NURSERY & TREE FARM LLC

**Current Principal Place of Business:**

600 STATE ROAD 13  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

5300 NOBLE CIRCLE SOUTH  
JACKSONVILLE, FL 32211

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHELTON, WILLIAM G JR.  
5300 NOBLE CIRCLE SOUTH  
JACKSONVILLE, FL 32211 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SHELTON, WILLIAM G JR.  
Address: 5300 NOBLE CIRCLE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32211

Title: MGRM  
Name: PETERSON, SUSANNE S  
Address: 5300 NOBLE CIRCLE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32211

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM G SHELTON, JR

MGRM

06/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date