


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90157 029 \*\*\*138.75

<b>DOCUMENT # L06000094212</b> 1. Entity Name <b>MONTOUR REAL ESTATE SERVICES, LLC</b>	
--	---

Principal Place of Business <b>C/O GARY M. MONTOUR ONE INDEPENDENT DRIVE, SUITE 2401 JACKSONVILLE, FL 32202</b>	Mailing Address <b>C/O GARY M. MONTOUR ONE INDEPENDENT DRIVE, SUITE 2401 JACKSONVILLE, FL 32202</b>
--	--

**00000000**



04162008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
--	--------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
---	---

<b>6. Name and Address of Current Registered Agent</b>  <b>MONTOUR, GARY M ONE INDEPENDENT DRIVE, SUITE 2401 JACKSONVILLE, FL 32202</b>
---

**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM MONTOUR, GARY M ONE INDEPENDENT DRIVE, SUITE 2401 JACKSONVILLE, FL 32202</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE**

**Pres:**

**4/16/08**

**Date**

**904-358 1206**

**Daytime Phone #**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS  
P.O. Box 8700  
Tallahassee, Florida 32314

First-Class Mail  
U.S. Postage  
**PAID**  
State of Florida  
84321

50004722  
**ANNUAL REPORT NOTICE**

0034053 01 AV 0.101 \*\*AUTO TS 0 1201 32202-501801

MONTOUR REAL ESTATE SERVICES, LLC  
C/O GARY M. MONTOUR  
ONE INDEPENDENT DRIVE, SUITE 2401  
JACKSONVILLE FL 32202-5018

**\* DO NOT SEND A CHECK WITH THE POSTCARD, IT WILL DELAY PROCESSING \***

**OPTION 3 - Receive a form by mail - Allow up to 28 days total processing time.**

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document # **L06000094212**

MONTOUR REAL ESTATE SERVICES, LLC  
C/O GARY M. MONTOUR  
ONE INDEPENDENT DRIVE, SUITE 2401  
JACKSONVILLE FL 32202-5018

Note: This is not a change to the address of record.



CR2E095 - 1st 09/07

MONTOUR REAL ESTATE SERVICES, LLC.

12-06

1161

904-358-1200  
1 INDEPENDENT DR. FL 24  
JACKSONVILLE, FL 32202-5030

Date 4/16/08

63-4/830 FL  
347

Pay to the  
Order of

Florida Dept of State \$ 138.75

one Hundred and Thirty Eight Dollars

Bank of America

ACH R/T 063100277

For

L06000 94212

⑆063000047⑆ 005501953321⑈1161