


FILED
Feb 28, 2007 8:00 am
Secretary of State

DOCUMENT # L06000096828						Secretary of State	
1. Entity Name TIMUCUAN UTILITIES, LLC				02-28-2007 90153 028 ****50.00			
Principal Place of Business 13400 SUTTON PARK DRIVE SOUTH SUITE 1402 JACKSONVILLE, FL 32224				Mailing Address 13400 SUTTON PARK DRIVE SOUTH SUITE 1402 JACKSONVILLE, FL 32224			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent FRIEDMAN, MARTIN S 2180 WEST STATE ROAD 434 SUITE 2118 LONGWOOD, FL 32779				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
				FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARON LAND INVESTMENTS, LLC 6101 GAZEBO PARK PLACE NORTH, SUITE 105 JACKSONVILLE, FL 32257			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TIMUCUAN-MLC, INC. 13400 SUTTON PARK DRIVE SOUTH, SUITE 1402 JACKSONVILLE, FL 32224			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CH-SERVICES, LLC 600 CORPORATE DRIVE, SUITE 102 FORT LAUDERDALE, FL 33334			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date _____ Daytime Phone # _____			