## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Feb 26, 2007 8:00 am Secretary of State

DOCUMENT # L06000121742  1. Entity Name EXLINE ESTATES, LLC					02-26-2007 90307 050 ****50.00				
Principal Place of Business		Mailing Address		20005201					
ONE INDEPENDENT DRIVE SUITE 2200		ONE INDEPENDENT DRIVE SUITE 2200							
	E, FL 32202	JACKSONVILLE, FL 32	202		BBIIB B11% BBIII BBIII BBII	 			
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02082007	Chg-LLC	CR2E083 (	12/06)		
City & State		City & State		4. FEI Numbe	er		<del></del>	plied For Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired		00 Addi Required		
	6. Name and Address of Current R	l Registered Agent		7. Name and	Address of New R	egistered Agen	ıt		
HEEKIN T	CECEBEN ESO		Name						
HEEKIN, T. GEOFFREY ESQ. ONE INDEPENDENT DRIVE SUITE 2200			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
JACKSON	VILLE, FL 32202					,			
			City			r L	Zip Code		
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or regis	tered agent, or bot	th, in the State of Flo	orida. I am famil	liar with, a	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent as	nd title if applicable (NOT	E Registered Agent signature requi	ired when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2007						Make check payable to Florida Department of State			
								1	
		RS/MANAGERS	10.			Department			
9. ITILE	MANAGING MEMBER	RS/MANAGERS	mut		Florida	CHANGES		Addition	
9.	ue by May 1, 2007  MANAGING MEMBER	☐ Delete	<del>-1</del>		Florida	CHANGES	of State		
9. THE NAME	MANAGING MEMBER MGRM HEEKIN, T. GEOFFREY	☐ Delete	TITLE NAME		Florida	a Department	of State Change	Addition	
9.  THE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM HEEKIN, T. GEOFFREY ONE INDEPENDENT DRIVE, SUI JACKSONVILLE, FL 32202 MGRM	☐ Delete	THE NAME STREET ADDRESS CHY-ST-ZIP		Florida	a Department	of State		
9.  THLE  NAME  STREET ADDRESS  CHY-S1-ZIP	MANAGING MEMBER MGRM HEEKIN, T. GEOFFREY ONE INDEPENDENT DRIVE, SUI JACKSONVILLE, FL 32202	□ Delete	TITLE NAMC STREET ADDRESS CITY-S1-ZIP		Florida	a Department	of State Change	Addition	
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGRM HEEKIN, T. GEOFFREY ONE INDEPENDENT DRIVE, SUI JACKSONVILLE, FL 32202 MGRM CARTER, RANDALL	□ Delete	THE NAME STREET ADDRESS CHY-ST-ZIP THE NAME		Florida	a Department	Of State Change Change	Addition	
9. ITHE NAME STREET ADDRESS CHY-SI-ZIP THLE NAME STREET ADDRESS CHY-SI-ZIP THLE	MANAGING MEMBER MGRM HEEKIN, T. GEOFFREY ONE INDEPENDENT DRIVE, SUI JACKSONVILLE, FL 32202 MGRM CARTER, RANDALL 7111 LOVES DRIVE	□ Delete	TILLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE		Florida	a Department	of State Change	Addition	
9. ITHE NAME STREET ADDRESS CHY-SL-ZIP THLE NAME STREET ADDRESS CHY-SL-ZIP	MANAGING MEMBER MGRM HEEKIN, T. GEOFFREY ONE INDEPENDENT DRIVE, SUI JACKSONVILLE, FL 32202 MGRM CARTER, RANDALL 7111 LOVES DRIVE	☐ Delete	TILLE NAME STREET ADDRESS CITY-S1-ZIP TILLE NAME STREET ADDRESS CITY-S1-ZIP		Florida	a Department	Of State Change Change	Addition	
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9.  THE NAME STREET ADDRESS CHY-SI-ZIP HILE NAME STREET ADDRESS CHY-SI-ZIP THLE NAME STREET ADDRESS CHY-SI-ZIP THLE NAME STREET ADDRESS CHY-SI-ZIP THLE NAME	MANAGING MEMBER MGRM HEEKIN, T. GEOFFREY ONE INDEPENDENT DRIVE, SUI JACKSONVILLE, FL 32202 MGRM CARTER, RANDALL 7111 LOVES DRIVE	☐ Delete	TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TAME THE TAME		Florida	Department	Of State Change Change	Addition	
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11. Thereby 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 TAPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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Date

9043557002

Daytime Phone #