

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000121742

Entity Name: EXLINE ESTATES, LLC

**FILED**  
**Feb 02, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

ONE INDEPENDENT DRIVE  
SUITE 2200  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

ONE INDEPENDENT DRIVE  
SUITE 2200  
JACKSONVILLE, FL 32202

**New Mailing Address:**

FEI Number: 51-0624134

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HEEKIN, T. GEOFFREY ESQ.  
ONE INDEPENDENT DRIVE  
SUITE 2200  
JACKSONVILLE, FL 32202 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: HEEKIN, T. GEOFFREY  
Address: ONE INDEPENDENT DRIVE, SUITE 2200  
City-St-Zip: JACKSONVILLE, FL 32202

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: T. GEOFFREY HEEKIN

MGRM

02/02/2011

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