2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
09 DEC -9 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000018366

1. Entity Name
REGENCY PARK, LLC

Principal Place of Business	Mailing Address
1409 KINGSLEY AVENUE, BUILDING 2 ORANGE PARK, FL 32073	PO BOX 2426 ORANGE PARK, FL 32067

12012008 Chg-LLC CR2E083 (12/06)

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

4. FEI Number 20-8458210 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBISON, MARY A ONE INDEPENDENT DRIVE SUITE 2000 JACKSONVILLE, FL 32202	Name: David J. Muyres Street Address (P.O. Box Number is Not Acceptable): 1409 Kingsley Avenue Building 2 City: Orange Park FL Zip Code: 32073

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 _____ 12/1/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☒ Delete	TITLE	MGRM ☒ Change ☐ Addition
NAME	DRAYTON, CHARLES F	NAME	David J. Muyres
STREET ADDRESS	1700 LEON BLVD	STREET ADDRESS	2412 Stockton Drive
CITY-ST-ZIP	JACKSONVILLE, FL 32246	CITY-ST-ZIP	Fleming Island, Florida 32043
TITLE	☐ Delete	TITLE	MGRM ☐ Change ☒ Addition
NAME		NAME	Jonathan M. Spiller
STREET ADDRESS		STREET ADDRESS	509 Ponte Vedra Boulevard
CITY-ST-ZIP		CITY-ST-ZIP	Ponte Vedra Beach, Florida 32082
TITLE	☐ Delete	TITLE	Member ☐ Change ☒ Addition
NAME		NAME	Charles F. Drayton
STREET ADDRESS		STREET ADDRESS	1535 Park Terrace East
CITY-ST-ZIP		CITY-ST-ZIP	Atlantic Beach, Florida 32233
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	700138746427
STREET ADDRESS		STREET ADDRESS	12/09/08--01027--016 **50.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: David J. Muyres MBR 12/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #