

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
1409 KINGSLEY AVENUE, BUILDING 2
ORANGE PARK, FL 32073

Mailing Address
PO BOX 2426
ORANGE PARK, FL 32067

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

12012008 Chg-LLC CR2E083 (12/06)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/1/08

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
DRAYTON, CHARLES F ☒ Delete
STREET ADDRESS
1700 LEON BLVD
CITY-ST-ZIP
JACKSONVILLE, FL 32246

TITLE
NAME
MGRM
David J. Muyres ☒ Change ☐ Addition
STREET ADDRESS
2412 Stockton Drive
CITY-ST-ZIP
Fleming Island, Florida 32043

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
MGRM
Jonathan M. Spiller ☐ Change ☒ Addition
STREET ADDRESS
509 Ponte Vedra Boulevard
CITY-ST-ZIP
Ponte Vedra Beach, Florida 32082

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
Member
Charles F. Drayton ☐ Change ☒ Addition
STREET ADDRESS
1535 Park Terrace East
CITY-ST-ZIP
Atlantic Beach, Florida 32233

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
700138746427
CITY-ST-ZIP
12/09/08--01027--016 **50.00

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
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:

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

David J. Muyres

12/1/08

Daytime Phone #