

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2008 8:00 am
Secretary of State

06-04-2008 90255 013 ***138.75

DOCUMENT # L07000052659

1. Entity Name
MINER ROAD BUSINESS PARK, LLC



Principal Place of Business
**5150 PALM VALLEY ROAD STE 200
PONTE VEDRA BEACH, FL 32082**

Mailing Address
**5150 PALM VALLEY ROAD STE 200
PONTE VEDRA BEACH, FL 32082**

30010309



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

07092008 Chg-LLC CR2E083 (12/06)

4. FEI Number

26-0434132

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAW OFFICES OF C GUY BOND PA
11512 LAKE MEAD AVE STE 303
JACKSONVILLE, FL 32256**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ZYSKI, JERRY
5150 PALM VALLEY ROAD STE 200
PONTE VEDRA BEACH, FL 32082** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Zyski Family Holdings, LLC
245-10 Harbor View Dr.
Ponte Vedra Bch, FL 32082** ☐ Delete

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

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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:

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

Date

Daytime Phone #