04-24-2008 90015 031 ***138.75
L07000085856

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 JUN 25 AM 10: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000085856

1. Entity Name
CHINQUAPIN FARM, LLC

Principal Place of Business	Mailing Address
155 EAST 21ST STREET JACKSONVILLE, FL 32206-2104	155 EAST 21ST STREET JACKSONVILLE, FL 32206-2104

04142008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1801 Art Museum Drive	1801 Art Museum Drive
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32207 Country: USA	Zip: 32207 Country: USA

4. FEI Number: 26-1353278 ☐ 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
RAX CO. 50 NORTH LAURA STREET, SUITE 3300 JACKSONVILLE, FL 32202	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
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Baker, Edward L.	NAME	
STREET ADDRESS	1801 Art Museum Drive, Ste. 300	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32207	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Baker, John D. II	NAME	
STREET ADDRESS	1801 Art Museum Drive, Suite 300	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32207	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	
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: John D. Baker [signature] John D. Baker 4.1.08 904-396-5733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #