

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085856

Entity Name: CHINQUAPIN FARM, LLC

FILED  
Jan 14, 2009  
Secretary of State

**Current Principal Place of Business:**

501 RIVERSIDE AVE, STE 500  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

501 RIVERSIDE AVE, STE 500  
JACKSONVILLE, FL 32202

**New Mailing Address:**

FEI Number: 26-1353278

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RAX CO.  
50 NORTH LAURA STREET, SUITE 3300  
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 ( ) Delete  
Name: BAKER, EDWARD L  
Address: 1801 ART MUSEUM DR., SUITE 300  
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM ( ) Delete  
Name: BAKER, JOHN D II  
Address: 1801 ART MUSEUM DR., SUITE 300  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BAKER, EDWARD L  
Address: 501 RIVERSIDE AVENUE, SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGRM (X) Change ( ) Addition  
Name: BAKER, JOHN D II  
Address: 501 RIVERSIDE AVENUE, SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN D. BAKER II

MGRM

01/14/2009

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