

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90338 034 ***138.75

60013607



DOCUMENT # L07000105480 1. Entity Name PACETTI ROAD INVESTORS, LLC					
Principal Place of Business 4496 SOUTHSIDE BLVD. JACKSONVILLE, FL 32216			Mailing Address 4496 SOUTHSIDE BLVD. JACKSONVILLE, FL 32216		
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		Country		02192008 Chg-LLC CR2E083 (12/06)	
4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">26-1249785</div>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CULPEPPER, ROBERT A JR. 4496 SOUTHSIDE BLVD. JACKSONVILLE, FL 32216			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px;">FL</div> <div style="border: 1px solid black; padding: 2px;">Zip Code</div> </div>		
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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP	MGR SUGGS, ALLEN D JR. 8640 PHILIPS HIGHWAY, SUITE 20 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CULPEPPER, ROBERT A JR. 4496 SOUTHSIDE BLVD. JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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.			<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <i>Robert A. Culpepper</i> </div> <div style="width: 20%;"> <div style="font-size: 1.2em; font-family: monospace;">3/6/08</div> <div style="font-size: 0.8em;">Date</div> </div> <div style="width: 20%;"> <div style="font-size: 1.2em; font-family: monospace;">904-642-1294</div> <div style="font-size: 0.8em;">Daytime Phone #</div> </div> </div>		