

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 03, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90036 024 \*\*\*138.75

30008573



03102008 Chg-LLC CR2E083 (12/06)

**DOCUMENT # L07000118122**

1. Entity Name  
**RAILROAD SPIKE PROPERTIES LLC**



Principal Place of Business  
**2066 HOLLY OAKS RIVER DRIVE  
JACKSONVILLE, FL 32225**

Mailing Address  
**PO BOX 351209  
JACKSONVILLE, FL 32235**

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

4. FEI Number  
**74-3251869**

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

**OUREDNIK, KAREL IV, ESQ  
OUREDNIK LAW OFFICES, P.A.  
317 4TH AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250**

**Karel Ourednik III, Esq.  
Ourednik Law Offices, P.A.  
5000 Sawgrass Village Circle Suite 6  
Ft. Lauderdale Beach FL 33302**

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 reappointing)

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: **Manager** ☐ Delete  
NAME: **David Pepper**  
STREET ADDRESS: **2066 Holly Oaks River Drive**  
CITY-ST-ZIP: **JACKSONVILLE, FL 32225**

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

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

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

TITLE: ☐ Delete  
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CITY-ST-ZIP: ☐ Delete

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STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

*David Pepper*

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

**3/10/08**

**904-721-3300**

Daytime Phone #