


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2008 90036 023 \*\*\*138.75

<b>DOCUMENT # L07000127317</b> 1. Entity Name <b>OLD QUARRY FAMILY LIMITED LIABILITY COMPANY</b>					
Principal Place of Business <b>2066 HOLLY OAKS DRIVE JACKSONVILLE, FL 32225</b>			Mailing Address <b>PO BOX 351209 JACKSONVILLE, FL 32235</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip      Country		City & State Zip      Country		4. FEI Number <b>74-3251869</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>QUERDNIK, KAREL IV OUREDNIK LAW OFFICES, P.A. 317 4TH AVENUE NORTH JACKSONVILLE BEACH, FL 32250</b>			7. Name and Address of New Registered Agent Name <b>Karel Ourednik IV Esq.</b> Street Address (P.O. Box Number is Not Applicable) <b>Ourednik Law Offices, PA</b> <b>5000 Sawgrass Village Circle Suite 6</b> <b>Porto Vedra Beach FL 32082</b>		
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 re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Manager David J. Pepper 2066 Holly Oaks River Drive Jacksonville, FL 32225</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes.					
SIGNATURE: <u><i>David J. Pepper</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			<u><i>3/10/08</i></u> Date		<u><i>904-721-3300</i></u> Daytime Phone #

30008578



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