

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000127317

**FILED**  
**Mar 27, 2010**  
**Secretary of State**

**Entity Name:** OLD QUARRY FAMILY LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

2066 HOLLY OAKS DRIVE  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 351209  
JACKSONVILLE, FL 32235

**New Mailing Address:**

**FEI Number:** 74-3251869

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

OUREDNIK, KAREL IV  
5000 SAWGRASS VILLAGE CIR, STE. 6  
PONTE VEDRA BEACH, FL 32082 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: MGR  
Name: PEPPER, DAVID  
Address: 2066 HOLLY OAKS RIVER DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby 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: DAVID PEPPER

MGR

03/27/2010

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