

**FILE NOW: Fee after May 1, will be \$588.75**

**APPROVED  
AND  
FILED**

**1997 MAR -5 PM 1:02**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILING FEE  
\$ 203.75**

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1 Name and Mailing Address  
of Limited Liability Company

**DOCUMENT #L93000000429**

PIERCE-BRANTLEY PROPERTIES, L.C.  
707 MILLCREEK ROAD  
SUITE 300  
JACKSONVILLE FL 32211

1a. Principal Place of Business Address

707 MILLCREEK ROAD  
SUITE 300  
JACKSONVILLE FL 32211

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2 Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12/01/1993

FL

City & State

City & State

4. FEI Number

☐ Applied For

☐ Not Applicable

59-2071642

Zip\*

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

02/19/1996

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

YEARGIN, H.A.  
707 MILLCREEK ROAD  
SUITE 300  
JACKSONVILLE FL 32211

Name

Street Address (P.O. Box #)

Suite, Apt. #, etc.

City

Zip Code

**4000002105544--3**

**-03/06/97--01001--007**

**\*\*\*\*203.75 \*\*\*\*203.75**

**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BASLOW, ARNOLD	P.O. BOX 1740 N/A	JENSEN BEACH FL
MGRM	BASLOW, EVAN N	C/O P.O. DRAWER 3119	STUART FL
MGRM	FLETCHER, BILL	421 LAURA ST.	JACKSONVILLE FL
MGRM	HENTSCHEL, ROLE H	C/O 805 E. OGLETHORPE BLVD	ALBANY GA
MGRM	JENKINS, JOSEPH J MRS	3233 SHADOWBROOK CR.	PROVO UT
MGRM	LEEMIS, LLOYD C	7520 HOLLYRIDGE RD.	JACKSONVILLE FL
MGRM	YEARGIN, H.A.	707 MILLCREEK ROAD STE.300	JACKSONVILLE, FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** *H.A. Yeargin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**2-13-97 (904)296-3000**

Date

Daytime Phone #