

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90005 046 ****50.00

DOCUMENT # L98000002933



1. Entity Name
SOUTHERN GROVE I OF JACKSONVILLE, LLC

Principal Place of Business
8601 BEACH BLVD, SUITE 107
JACKSONVILLE, FL 32216

Mailing Address
4300 MARSH LANDING BLVD., SUITE 101
JACKSONVILLE, FL 32205



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062004 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3547273

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

FINLAY, CHRISTOPHER
4300 MARSH LANDING BLVD., SUITE 101
JACKSONVILLE, FL 32250

Name **Finlay Holdings, INC**
Street Address (P.O. Box Number is Not Acceptable)
4300 Marsh Landing Blvd Ste 101
City **Jax Beach** FL Zip Code **32250**

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 reinstating)

DATE

C. Finlay, Director 3/5/04

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME FINLAY PROPERTIES, INC.
STREET ADDRESS 4300 MARSH LANDING BLVD., SUITE 101
CITY - ST - ZIP JACKSONVILLE, FL 32250

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

11. I 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 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 60B, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

C. Finlay, MGR. 3/5/04 (904) 380-1000