

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 A
Secretary of State

DOCUMENT # L98000003438

1. Entity Name
NFC PROPERTIES, LLC



Principal Place of Business
524 STOCKTON STREET
JACKSONVILLE, FL 32204

Mailing Address
524 STOCKTON STREET
JACKSONVILLE, FL 32204



01122007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3551491

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLBROOK, H. LEON
ONE INDEPENDENT DRIVE, SUITE 2301
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PAINTER, ROGER W 526 STOCKTON STREET JACKSONVILLE, FL 32204 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WHITEMEN, MICHAEL G 524 STOCKTON ST. JACKSONVILLE, FL 32204 |
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01/26/07-80015-011 50.00

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IN THIS SPACE**

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: _____

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

1/15/2007 (904)388-2696

Date

Daytime Phone #