

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000000571

1. Entity Name
PABLO ROAD, L.C.



Principal Place of Business
4314 PABLO OAKS COURT
JACKSONVILLE, FL 32224

Mailing Address
4314 PABLO OAKS COURT
JACKSONVILLE, FL 32224

DO NOT WRITE IN THIS SPACE



01162004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3561075

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLINEPETER, ANNE T
4314 PABLO OAKS CT
JACKSONVILLE, FL 32224

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PABLO ROAD DEVELOPMENT, LLC
4314 PABLO OAKS COURT
JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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000000041846
02/09/04-80105-013 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 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 608, Florida Statutes.

SIGNATURE: A. T. Klinepeter (Anne T. Klinepeter)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/20/04
Date

904-992-9750
Daytime Phone #