

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90250 003 ****50.00

DOCUMENT # L99000002041



1. Entity Name
TEN BROECK JACKSONVILLE, LLC

Principal Place of Business
603 MAIN STREET
WINDERMERE, FL 34786

Mailing Address
P O BOX 1100
WINDERMERE, FL 34786

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-3568978

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

BARKMAN, KEVIN
603 MAIN STREET
WINDERMERE, FL 34786-1100

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRC
DIZNEY, DONALD R
603 MAIN STREET
WINDERMERE, FL 34786 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VC
ENGLISH, JAMES E
603 MAIN STREET
WINDERMERE, FL 34786 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PCE
DIZNEY, DAVID A
603 MAIN STREET
WINDERMERE, FL 34786 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
EVPS
BARKMAN, KEVIN
603 MAIN STREET
WINDERMERE, FL 34786 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPF
FEHR, STEPHEN
603 MAIN STREET
WINDERMERE, FL 34786 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS / CHANGES

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

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

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

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

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

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

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: Kevin Barkman Kevin Barkman

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

Date

Daytime Phone #

407-876-2200