

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M03000004026**

1. Entity Name  
**DEERWOOD LAND LLC**



Principal Place of Business  
**ONE INDEPENDENT DR STE 114  
JACKSONVILLE, FL 32202**

Mailing Address  
**ONE INDEPENDENT DR STE 114  
JACKSONVILLE, FL 32202**



04262005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**75-3141354**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**EVANS, WILLIAM G  
ONE INDEPENDENT DR STE 114  
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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
DEERWOOD OFFICE OWNERS LLC  
ONE INDEPENDENT CENTER DRIVE, SUITE 114  
JACKSONVILLE, FL 32202**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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U00000358518  
05/04/05-80117-011 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 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:**

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

**4-28-05**

Date

Daytime Phone #

*Wm. G. Evans*