

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90027 028 ****50.00

DOCUMENT # M04000005436

1. Entity Name
ETHINGTON FAMILY REAL ESTATE - JACKSONVILLE, LLC



Principal Place of Business
4235 HARRODSBURG ROAD
LEXINGTON, KY 40513

Mailing Address
701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131

60032523

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



03162007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1938293

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, STE. 3000
MIAMI, FL 33131-3029

7. Name and Address of New Registered Agent
Name
Intrastate Registered Agent Corporation
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 _____ (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ETHINGTON, C.V. JR 4235 HARRODSBURG ROAD LEXINGTON, KY 40513 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: C.V. ETHINGTON, Jr. Date 3/28/07 Daytime Phone # 859 223-1119