


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90042 040 \*\*\*\*50.00

<b>DOCUMENT # M05000003704</b>	
1. Entity Name NCFLA LAND OWNER LLC	

Principal Place of Business C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT DRIVE, SUITE 114 JACKSONVILLE, FL 32202	Mailing Address C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT DRIVE, SUITE 114 JACKSONVILLE, FL 32202
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2. Principal Place of Business - No P.O. Box # <b>One Independent Drive</b> Suite, Apt. #, etc. <b>Suite 1850</b> City & State <b>Jacksonville, FL</b> Zip <b>32202</b>	3. Mailing Address <b>One Independent Drive</b> Suite, Apt. #, etc. <b>Suite 1850</b> City & State <b>Jacksonville, FL</b> Zip <b>32202</b>
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**60041589**  
  
04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-3107896</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent EVANS, WILLIAM G C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT DRIVE, SUITE 114 JACKSONVILLE, FL 32202	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 NCFLA LAND MANAGER ONE INDEPENDENT DR <del>SUITE 114</del> JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Suite 1850</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **Authorized Representative** 4/24/07 (904) 356-1978  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #