

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

02-12-2007 90301 001 ****50.00

DOCUMENT # M06000001513 ←

1. Entity Name
JACKSONVILLE LESSEE COMPANY LLC



Principal Place of Business
**2626 GLENWOOD AVENUE, SUITE 200
RALEIGH, NC 27608**

Mailing Address
**2626 GLENWOOD AVENUE, SUITE 200
RALEIGH, NC 27608**

30001793



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

01232007

Chg-LLC

CR2E083 (12/08)

4. FEI Number

APPLIED FOR 20-5120739

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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 resigning)

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
**MGR
BARCLAY HOLDING, INC.
2626 GLENWOOD AVENUE, SUITE 200
RALEIGH, NC 27608** ☐ Delete

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

TITLE
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CITY- ST- ZIP ☐ Delete

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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 606, Florida Statutes.

SIGNATURE:

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

1/30/07

Date

919-510-7714

Daytime Phone #

Brent V. West

ATTACHMENT

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Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-5120739 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested <u>Jacksonville Lessee Company LLC</u>					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 2626 Glenwood Ave Ste 200			5a Street address (if different) (Do not enter a P.O. box) I-95 and St Augustine Rd		
4b* City, state, and ZIP code Raleigh NC 27608 -			5b City, state, and ZIP code Jacksonville FL 32258 -		
6* County and state where principal business is located County Wake State NC					
7a Name of principal officer, general partner, grantor, owner, or trustor Barday Holding Inc			7b SSN, ITIN, EIN 20-2319464		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input checked="" type="checkbox"/> Other (specify) ▶ Multi member LLC			<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶ <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises		
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State		Foreign country	
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ Hotel leasing <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
10* Date business started or acquired (month, day, year) MAR 13 2006			11 Closing month of accounting year DEC		
12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)					
13 Highest number of employees expected in the next twelve months Note: If the applicant does not expect to have any employees during the period, enter "-0-".				Agriculture 0	Household 0
14* Check box that best describes the principal activity of your business				<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Other (specify)				<input type="checkbox"/> Rental & leasing <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Retail	
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Hotel leasing					
16a* Has the applicant ever applied for an employer identification number for this or any other business? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Note If "Yes" please complete lines 16b and 16c					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.		Approximate date when filed (month, day, year)		City and state where filed	
				Previous EIN	
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee	Designee's name			Designee's telephone number (include area code)	
	Address and ZIP code			() - Designee's fax number (include area code) () -	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)				Applicant's telephone number (include area code)	

ATTACHMENT

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▶ Kenneth Crockett Vice President
Signature ▶ Not Required

Date ▶

June 28, 2006 GMT

(919) 510 - 8016
Applicant's fax number (include area code)
(919) 510 - 6832