

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

04-26-2007 90042 017 \*\*\*\*50.00

DOCUMENT # M06000001977



1. Entity Name  
 DEERWOOD MANAGER LLC

Principal Place of Business Mailing Address  
 % CAPITAL PARTNERS, INC. % CAPITAL PARTNERS, INC.  
 ONE INDEPENDENT CENTER DRIVE, SUITE 114 ONE INDEPENDENT CENTER DRIVE, SUITE 114  
 JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202

60041562



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 One Independent Drive One Independent Drive  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 1850 Suite 1850  
 City & State City & State  
 Jacksonville, FL Jacksonville, FL

04242007 Chg-LLC CR2E083 (12/06)

Zip Country Zip Country  
 32202 32202

4. FEI Number Applied For  
 75-3141359 Not Applicable

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

6. Name and Address of Current Registered Agent

EVANS, WILLIAM G  
~~% CAPITAL PARTNERS, INC.~~ Suite 1850  
 ONE INDEPENDENT ~~CENTER~~ 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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DEERWOOD HOLDINGS LLC	
STREET ADDRESS	<del>% ONE INDEPENDENT CENTER DRIVE, SUITE 114</del>	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	One Independent Dr., Ste 1850	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: William G Evans 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 #