

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
% CAPITAL PARTNERS, INC.
ONE INDEPENDENT CENTER DRIVE, SUITE 114
JACKSONVILLE, FL 32202

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

60041562



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

3. Mailing Address
One Independent Drive
Suite, Apt. #, etc.

04242007 Chg-LLC CR2E083 (12/06)

Suite 1850
City & State
Jacksonville, FL
Zip **32202** Country

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City & State
Jacksonville, FL
Zip **32202** Country

4. FEI Number
75-3141359 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
~~% 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 _____ (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

TITLE **MGRM** ☐ Delete
NAME **DEERWOOD HOLDINGS LLC**
STREET ADDRESS **% ONE INDEPENDENT CENTER DRIVE, SUITE 114**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **One Independent Dr., Ste 1850**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 #