
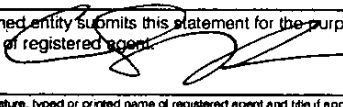
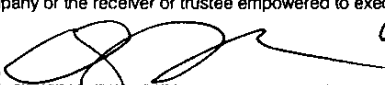


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2007 8:00 am
Secretary of State

08-01-2007 90015 022 ****50.00

DOCUMENT # M06000005599 1. Entity Name THE COURTLAND GROUP, LLC					
Principal Place of Business 1649 STOCKTON ST JACKSONVILLE, FL 32204			Mailing Address 1649 STOCKTON ST JACKSONVILLE, FL 32204		
2. Principal Place of Business - No P.O. Box # 15288 YELLOW BLUFF RD Suite, Apt. #, etc.		3. Mailing Address 15288 YELLOW BLUFF RD Suite, Apt. #, etc.			
City & State JACKSONVILLE FL Zip 32226		City & State JACKSONVILLE FL Zip 32226		4. FEI Number 04-3820232	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLACKBURN, COURTNEY 1649 STOCKTON ST JACKSONVILLE, FL 32204 15288 YELLOW BLUFF RD JACKSONVILLE, FL 32226			7. Name and Address of New Registered Agent Name COURTNEY BLACKBURN Street Address (P.O. Box Number is Not Acceptable) 15288 YELLOW BLUFF RD City JACKSONVILLE FL Zip Code 32226		
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)					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLACKBURN, COURTNEY 1649 STOCKTON ST JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COURTNEY BLACKBURN 15288 YELLOW BLUFF RD JACKSONVILLE FL 32226	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARTEK, ANTHONY 1649 STOCKTON ST JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANTHONY BARTEK 15288 YELLOW BLUFF RD JACKSONVILLE FL 32226	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: 			COURTNEY BLACKBURN Date 7-19-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		