

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000139462

Entity Name: SCATTERED PINES, LLC

Current Principal Place of Business:

2070 OAK HAMMOCK DRIVE
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

2070 OAK HAMMOCK DRIVE
PONTE VEDRA BEACH, FL 32082

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HEALD, DAVID ELLIOT
2070 OAK HAMMOCK DRIVE
PONTE VEDRA BEACH, FL 32082 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HEALD PROPERTIES, INC.
Address 2070 ORIOLE STREET
City-State-Zip: JACKSONVILLE FL 32208

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID ELLIOT HEALD

MANAGER

01/29/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date