

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017927

Entity Name: 1762 SAN MARCO, L.L.C.

FILED
Mar 15, 2006
Secretary of State

Current Principal Place of Business:

1625 ATLANTIC BLVD.
JACKSONVILLE, FL 32207

New Principal Place of Business:

1400 PRUDENTIAL DRIVE.
SUITE 7
JACKSONVILLE, FL 32207

Current Mailing Address:

P.O. BOX 551260
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 26-5882833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL N
5150 BELFORT ROAD
BUILDING 100
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TURNER, HENRY
Address: 1625 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM () Delete
Name: TURNER, SUE ANN
Address: 1625 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TURNER, HENRY
Address: 1400 PRUDENTIAL DRIVE, SUITE 7
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM (X) Change () Addition
Name: TURNER, SUE ANN
Address: 1400 PRUDENTIAL DRIVE, SUITE 7
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: HENRY TURNER

MGRM

03/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date