


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90286 036 \*\*\*\*55.00

**DOCUMENT # L02000001276**

1. Entity Name  
 11-2001 L.C.



Principal Place of Business  
 3333 NORTH MAIN ST.  
 JACKSONVILLE, FL 32206

Mailing Address  
 707 S. WASHINGTON BLVD.  
 SARASOTA, FL 34236

**20018639**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01192006 Chg-LLC CR2E083 (11/05)

City & State

4. FEI Number  
 30-0032913

Applied For  
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

TOSCH, JOHN E ESQ.  
 707 SOUTH WASHINGTON BLVD.  
 SARASOTA, FL 34236

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, 2006**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE MGRM NAME 1099 MGMT COMPANY, LLC STREET ADDRESS 707 S. WASHINGTON BLVD CITY-ST-ZIP SARASOTA, FL 34236	<input type="checkbox"/> Delete
TITLE VP NAME TOSCH, JOHN E STREET ADDRESS 707 SO. WASHINGTON BLVD CITY-ST-ZIP SARASOTA, FL 34236	<input type="checkbox"/> Delete
TITLE T NAME NARVAEZ, CHRISTOPHER R STREET ADDRESS 707 SO. WASHINGTON BLVD CITY-ST-ZIP SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete
TITLE P NAME BUCHANAN, VERNON G STREET ADDRESS 707 SO. WASHINGTON BLVD CITY-ST-ZIP SARASOTA, FL 34236	<input type="checkbox"/> Delete
TITLE VP NAME KHAZRWAN, SAM STREET ADDRESS 707 SO. WASHINGTON BLVD CITY-ST-ZIP SARASOTA, FL 34236	<input type="checkbox"/> Delete
TITLE CONT NAME SLATER, DENNIS STREET ADDRESS 707 SO. WASHINGTON BLVD CITY-ST-ZIP SARASOTA, FL 34236	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE T NAME STEVE HIRMAN STREET ADDRESS 707 S. WASHINGTON BLVD CITY-ST-ZIP SARASOTA FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  O.P. Date: 2-15-06 941 552 4223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE