


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000012644					
1. Entity Name 2055 COLLEGE STREET LLC					
Principal Place of Business 1710 CHALLEN AVE. JACKSONVILLE FL 32205			Mailing Address 2055 COLLEGE ST. PO BOX 17441 JACKSONVILLE FL 32245-7441		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2352475 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCCLARY, GLEN ESQ. 1710 CHALLEN AVE. JACKSONVILLE FL 32205			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		



1st MOORE CR2E083 (10/05)

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MCCLARY, GLEN	NAME	
STREET ADDRESS	1710 CHALLEN AVE.	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32205	CITY - ST - ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BROWN, CHRIS	NAME	
STREET ADDRESS	1710 CHALLEN AVE.	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32205	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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01/24/06-80012-009 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Glen McClary **G.A. MCCLARY** 1/17/06 (904) 924-5828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #