

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 13, 2006  
Secretary of State**

DOCUMENT# L03000028292

Entity Name: 1840 DUNN AVENUE, LLC

**Current Principal Place of Business:**

2955 HARTLEY ROAD, SUITE 202  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

2955 HARTLEY ROAD, SUITE 202  
JACKSONVILLE, FL 32257

**New Mailing Address:**

FEI Number: 20-0110566      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HULSBERG, JEFFREY K  
2955 HARTLEY ROAD, SUITE 202  
JACKSONVILLE, FL 32257      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: HULSBERG, JEFFREY K  
Address: 2955 HARTLEY ROAD, SUITE 202  
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGRM      ( ) Delete  
Name: HULSBERG, JOHN O  
Address: 2955 HARTLEY ROAD, SUITE 202  
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JEFFREY K. HULSBERG

MGRM

01/13/2006

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