

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029346

FILED
Apr 06, 2006
Secretary of State

Entity Name: ARMSTRONG VENTURE, L.L.C.

Current Principal Place of Business:

3020 HARTLEY ROAD, SUITE 100
JACKSONVILLE, FL 32257

New Principal Place of Business:

3030 HARTLEY ROAD, SUITE 300
JACKSONVILLE, FL 32257

Current Mailing Address:

3020 HARTLEY ROAD, SUITE 100
JACKSONVILLE, FL 32257

New Mailing Address:

3030 HARTLEY ROAD, SUITE 300
JACKSONVILLE, FL 32257

FEI Number: 20-0142059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWTON, CLIFFORD B ESQ.
C/O CLIFFORD B. NEWTON, P.A.
10192 SAN JOSE BLVD.
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: ARMSTRONG VENTURE MA, NAGEMENT CORPO R ATION
Address: 14700 VILLAGE SQUARE PLACE
City-St-Zip: MIDLOTHIAN, VA 23112

Title: MGR () Delete
Name: AVP, LLC,
Address: 3020 HATLEY ROAD SUITE 100
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: AVP, LLC,
Address: 3030 HARTLEY ROAD SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

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: ELINORE C. COX

MGR

04/06/2006

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