


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000037240
 1. Entity Name
 1703 W. TENNESSEE, LLC



Principal Place of Business Mailing Address
 45 WEST BAY STREET, SUITE 203 45 WEST BAY STREET, SUITE 203
 JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE



01052006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0563771	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 GRENTHAL, LEONARD H III
 45 WEST BAY STREET STE 203
 JACKSONVILLE, FL 32202

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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 reconstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ANGELO, MARC
STREET ADDRESS	11363 SAN JOSE BLVD BLDG 300
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	MGRM
NAME	SCHULTZ, JOHN R JR
STREET ADDRESS	PO BOX 1200
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	MGRM
NAME	SCHUETH, WILLIAM F JR
STREET ADDRESS	45 W BAY STREET STE 203
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	MGRM
NAME	GRUNTHAL, LEONARD H III
STREET ADDRESS	45 W BAY STREET STE 203
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/20/06-80025-005 50.00

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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: *Leonard H. Grunthal III* *03/09/06* *(904)350-1000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #