2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000037240

1. Entity Name 1703 W. TENNESSEE, LLC

FILED Mar 17, 2008 08:00 A Secretary of State

Principal Place of Business

45 WEST BAY STREET, SUITE 203 JACKSONVILLE, FL 32202

Mailing Address

45 WEST BAY STREET, SUITE 203 JACKSONVILLE, FL 32202



DO NOT WRITE IN THIS SPACE

01042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0563771

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

GRENTHAL, LEONARD H III 45 WEST BAY STREET STE 203 JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

	8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, the obligations of registered agent.	, or both, in the State of Florida.	I am familiar with, and accept
SI	SIGNATURE		

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

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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-\$T-ZIP	JACKSONVILLE, FL 32202	
TITLE		
NAME		
STREET ADDRESS	·	
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000861474 04/03/08-80010-018 138.75

DO NOT WRITE

11. I hereby certify that the information supplied with this thing 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 may stand have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee engaged to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

03/06/0

904-356-1060

Daytime Phone I