FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90092 011 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000053042

1. Entity Name
KANTER'S UNIVERSITY BOULEVARD PROPERTIES, LLC

Principal Place of Business	Mailing Address
2748 COVE VIEW DRIVE SOUTH JACKSONVILLE, FL 32257	2748 COVE VIEW DRIVE SOUTH JACKSONVILLE, FL 32257

07062006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
3599 University Blvd S		3599 University Blvd S	
Suite, Apt #, etc. Suite 913		Suite, Apt #, etc. Suite 913	
City & State Jacksonville FL		City & State Jacksonville FL	
Zip 32216	Country	Zip 32216	Country

4. FEI Number ☐ Applied For XX Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WATSON, TODD ATTORNEY AT LAW 7785 BAYMEADOWS WAY, SUITE 107 JACKSONVILLE, FL 32256	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KANTER, LAWRENCE J TRUSTEE 2748 COVE VIEW DRIVE SOUTH JACKSONVILLE, FL 32257	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Lawrence J Kanter 7-10-6 404-399-4120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #