2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000068665

1. Entity Name

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111 SOLANO COMPANY, LLC



FILED
Mar 16, 2007 08:00 AN
Secretary of State

Principal Place of Business

Mailing Address

111 SOLANO RD PONTE VEDRA BEACH, FL 32082 245 RIVERSIDE AVENUE, SUITE 100 JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

03022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3135531

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KOCH, WILLIAM S 245 RIVERSIDE AVENUE, SUITE 100 JACKSONVILLE, FL 32202

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	The above named entity submits this statement for the purpose of the obligations of registered agent.	changing its registered office or	registered agent, or both, in	the State of Florida. I	am familiar with, and accep	ľ
SIC	GNATURE	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	4+2	
-	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signatu	re required when reinstating)		ATE	

Filing Fee is \$50.00 Due by May 1, 2007

U00000659806 03/27/07-80087-005 55.00

9.	. MANAGING MEMBERS/MANAGERS		
NAME STREET ADDRESS CITY-ST-ZIP	P WILKINSON, FRED T 111 SOLANO RD, STE D PONTE VEDRA BEACH, FL 32082		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	ST KOCH, WILLIAM S 245 RIVERSIDE AVE, #100 JACKSONVILLE, FL 32202		
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NAME STREET ADDRESS CITY-ST-ZIP			
NAME, STREET ADDRESS CITY-ST-ZIP.			

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11. It 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, Figrida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MA

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/10/or

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