

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2007 8:00 am
Secretary of State

01-10-2007 90057 036 ****50.00

DOCUMENT # L06000063165 1. Entry Name 606JL, LLC					
Principal Place of Business P.O. BOX 551181 JACKSONVILLE, FL 32255			Mailing Address P.O. BOX 551181 JACKSONVILLE, FL 32255		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent LUDWIG & ASSOC., P.A. 5150 BELFORT ROAD S. JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 role if applicable. (NOTE: Registered Agent signature required when non-stamping)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
Managing Member Jeffrey R. Ludwig P.O. Box 551181 Jacksonville, Florida 32255					
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: <u>Jeffrey R. Ludwig as Managing Member</u> <u>01-08-2007</u> SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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01082007 Chg-LLC CRZED83 (12/06)

4. FEI Number
51-0587810

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