

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008386

FILED
Apr 27, 2006
Secretary of State

Entity Name: 10343 ATLANTIC BLVD., LLC

Current Principal Place of Business:

8286 WESTERN WAY CIRCLE
SUITE C-2
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8286 WESTERN WAY CIRCLE
SUITE C-2
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 65-0969952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIENER, WILLIAM
8286 WESTERN WAY CIRCLE
SUITE C-2
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KANNER, ROSE W MGR
Address: 2822 RIDGEFIELD COURT
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGR () Delete
Name: WIENER, TOBY MGR
Address: 8286 WESTERN WAY CIRCLE SUITE C-2
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR () Delete
Name: WIENER, WILLIAM MGR
Address: 8286 WESTERN WAY CIRCLE C-2
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROSE W KANNER

MGR

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date