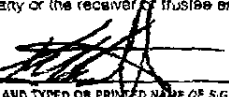


FILED
May 01, 2006 08:00 AM
Secretary of State

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000036845		
1. Entity Name 2301 MAIN ST., LLC		
Principal Place of Business 1650 ART MUSEUM DRIVE JACKSONVILLE, FL 32207	Mailing Address 1650 ART MUSEUM DRIVE JACKSONVILLE, FL 32207	
DO NOT WRITE IN THIS SPACE		
		04262006 No Chg-LLC CR2E093 (11/05)
		4. FEI Number: 20-1130071 Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent STONEBURNER BERRY & SIMMONS, P.A. 841 PRUDENTIAL DRIVE, SUITE 1400 JACKSONVILLE, FL 32207		DO NOT WRITE IN THIS SPACE
7. 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 resigning) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
8. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SOLOMON, KELLY R 1650 ART MUSEUM DRIVE JACKSONVILLE, FL 32207	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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 609, Florida Statutes.		
SIGNATURE: 		4/27/06 904-306 9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		DATE Daytime Phone #