

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000798

Entity Name: 224 N THIRD, L.C.

FILED  
Jan 19, 2007  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 50338  
JACKSONVILLE BEACH, FL 32240

**New Principal Place of Business:**

2120 S 1ST ST  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

P.O. BOX 50338  
JACKSONVILLE BEACH, FL 32240

**New Mailing Address:**

FEI Number: 59-3341398      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AHERN, FRED L JR  
2215 S THIRD ST  
SUITE 101  
JACKSONVILLE, FL 32250 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: ECKSTEIN, JOSEPH P  
Address: 2120 1ST STREET S  
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: MGR ( ) Delete  
Name: WALCHLE, BART A  
Address: 2120 1ST STREET S  
City-St-Zip: JACKSONVILLE BEACH, FL 32240

**ADDITIONS/CHANGES:**

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: JOSEPH P ECKSTEIN

MGRM

01/19/2007

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