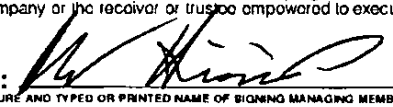


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 13, 2007 8:00 am
Secretary of State

02-19-2007 90200 035 ****50.00

DOCUMENT # L06000055250 1. Entity Name 937 MAIN STREET, LLC					
Principal Place of Business 2270 ATLANTIC BLVD., SUITE 100 NEPTUNE BEACH FL 32266			Mailing Address 2270 ATLANTIC BLVD., SUITE 100 NEPTUNE BEACH FL 32266		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4956060	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SORRELL, MARY C 2275 ATLANTIC BLVD., SUITE 200 NEPTUNE BEACH FL 32266				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 date if applicable) (NOTE: Registered Agent signature required when relocating) (DATE)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HIONIDES, CHRIS 2270 ATLANTIC BLVD., SUITE 100 NEPTUNE BEACH FL 32266	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Hionides, Chris 2275 Atlantic Blvd., Suite 100 Neptune Beach, FL 32266	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Campbell, Eric 2275 Atlantic Blvd., Suite 100 Neptune Beach, FL 32266	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM 	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM 	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM 	☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			Chris Hionides 2/1/07 904-241-1501		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		