


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90371 030 \*\*\*\*50.00

**DOCUMENT # L99000000279**

1. Entity Name  
 1200 SHETTER AVENUE, L.C.



Principal Place of Business  
 1200 SHELTER AVE  
 JACKSONVILLE BEACH, FL 32250

Mailing Address  
 POB 2766  
 PONTE VEDRA BEACH, FL 32004

**60038845**

2. Principal Place of Business - No P.O. Box #  
 1160 SHETTER AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State  
 Jacksonville Beach FL

City & State

Zip  
 32207

Country



02132007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
 59-3550122

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

BENNER, TIMOTHY J  
 1200 SHETTER AVE  
 JACKSONVILLE BEACH, FL 32250

**7. Name and Address of New Registered Agent**

Name  
 Arthur Kirschman

Street Address (P.O. Box Number is Not Acceptable)  
 1160 SHETTER AVE

City  
 Jacksonville Beach FL

Zip Code  
 32207

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 *Arthur Kirschman*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00 Due by May 1, 2007**

**Make check payable to Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	BENNER, TIMOTHY J	1200 SHETTER AVE	JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/>
MGR	KIRSCHMAN, ARTHUR	1200 SHETTER AVE.	JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM	ARTHUR KIRSCHMAN	P.O. Box 1395	PONTE VEDRA BEACH, FL 32004	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: *Arthur Kirschman* **MANAGING MEMBER** *Arthur Kirschman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 4/18/07  
Date

Daytime Phone #