

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000000689

1. Entity Name
515 E. 9TH STREET, L.L.C.



Principal Place of Business
300 EAST STATE STREET
JACKSONVILLE, FL 32202

Mailing Address
300 EAST STATE STREET
JACKSONVILLE, FL 32202



02102005No Chg-LLC

CR2E083 (10/03)

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4. FEI Number

59-3689744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUSS, JOHN S IV, ESQ
10110 SAN JOSE BLVD.
FORD, JETER, BOWLUS, DUSS & MORGAN, P.A.
JACKSONVILLE, FL 32257

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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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGRM	EASTON, SAMUEL M JR.	
		300 EAST STREET	
		JACKSONVILLE, FL 32202	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

UD0000233472
02/17/05-80042-016 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #