


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000001614
1. Entity Name
121 ATLANTIC PLACE LLC



Principal Place of Business 8823 SAN JOSE BLVD. JACKSONVILLE, FL 32217	Mailing Address 8823 SAN JOSE BLVD. JACKSONVILLE, FL 32217
--	--

DO NOT WRITE IN THIS SPACE



01092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3704904	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
SUITE 3000
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2006**

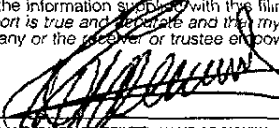
U000000406829
02/07/06-80105-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR INTERNATIONAL MANAGEMENT COMPANY, INC. 8823 SAN JOSE BLVD., SUITE 310 JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  EDMOND SABUD JAN 22 06 904-737-8886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #