


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000007978 1. Entity Name FIRST FORTY, LLC					
Principal Place of Business ONE SAN JOSE PLACE, STE 7 JACKSONVILLE FL 32257			Mailing Address ONE SAN JOSE PLACE, STE 7 JACKSONVILLE FL 32257		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3722035	
6. Name and Address of Current Registered Agent DUNGEY, MARY L ONE SAN JOSE PLACE, STE 7 JACKSONVILLE FL 32257				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DUNGEY, MARY L 12844 BAY PLANTATION DRIVE JACKSONVILLE FL 32223	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	1000000546586 05/11/06-80122-009 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST BRAREN, MICHAEL E 3253 FIDDLERS HAMMOCK LANE PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add



1st MOORE CR2E083 (10/05)

4. FEI Number **59-3722035** Applied For Not Applicable

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

FL Zip Code

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: *Mary Louise Dungey*

4-26-06

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

Date

Daytime Phone #