

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000012859

1. Entity Name
OLDFIELD CROSSING, LLC



Principal Place of Business
**45 WEST BAY STREET
SUITE 203
JACKSONVILLE, FL 32202**

Mailing Address
**45 WEST BAY STREET
SUITE 203
JACKSONVILLE, FL 32202**



01052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3732420

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRUNTHAL, LEONARD H III
45 WEST BAY STREET
SUITE 203
JACKSONVILLE, FL 32202**

**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

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHUETH, WILLIAM F JR.
STREET ADDRESS	45 W BAY ST STE 203
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	MGRM
NAME	ANGELO, MARC
STREET ADDRESS	11383 SAN JOSE BLVD BLDG. 300
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	MGRM
NAME	SCHULTZ, JOHN R
STREET ADDRESS	118 W. ADAMS ST STE 600
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	MGRM
NAME	GRUNTHAL, LEONARD H III
STREET ADDRESS	45 W BAY ST STE 203
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000466831
03/23/06-60026-022 50.00

**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

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

Leonard H. Grunthal III

03-09-06

904-350-1060

Date

Daytime Phone #