

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000016694

1. Entity Name
440 S. EDGEWOOD AVENUE, L.L.C.



Principal Place of Business
440 SOUTH EDGEWOOD AVENUE
JACKSONVILLE, FL 32210

Mailing Address
C/O 300 EAST STATE ROAD
SUITE G
JACKSONVILLE, FL 32202



02142006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3624409

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
JACKSONVILLE, FL 32257

**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	MEM
NAME	SOLOMON, RAYMOND
STREET ADDRESS	1850 ART MUSEUM DR
CITY-ST-ZIP	JACKSONVILLE, FL 32207

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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03/02/06-00003-025 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

Date

Daytime Phone #