


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L01000016694 1. Entity Name 440 S. EDGEWOOD AVENUE, L.L.C. |  |
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|--|---|
| Principal Place of Business 440 SOUTH EDGEWOOD AVENUE JACKSONVILLE, FL 32210 | Mailing Address C/O 300 EAST STATE ROAD SUITE G JACKSONVILLE, FL 32202 |
|--|---|



01122007 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, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MEM SOLOMON, RAYMOND 1850 ART MUSEUM DR JACKSONVILLE, FL 32207 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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02/09/07-80022-004 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 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 #