

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000016694

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Entity Name:** 440 S. EDGEWOOD AVENUE, L.L.C.

**Current Principal Place of Business:**

440 SOUTH EDGEWOOD AVENUE  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

C/O 300 EAST STATE STREET  
SUITE G  
JACKSONVILLE, FL 32202

**New Mailing Address:**

1650 ART MUSEUM DRIVE  
JACKSONVILLE, FL 32207

**FEI Number:** 04-3624409

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DUSS, JOHN S IV ESQ  
4348 SOUTHPOINT BLVD.  
SUITE 101  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SOLOMON, RAYMOND  
**Address:** 1650 ART MUSEUM DR  
**City-St-Zip:** JACKSONVILLE, FL 32207

**Title:** MGR  
**Name:** EASTON, SAMUEL  
**Address:** 300 EAST STATE STREET  
**City-St-Zip:** JACKSONVILLE, FL 32202

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** RAYMOND SOLOMON

MGR

03/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date