

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000017262**

1. Entity Name  
**EIGHTEEN POINTS, L.L.C.**



Principal Place of Business  
**4925 BEACH BLVD.  
JACKSONVILLE, FL 32207**

Mailing Address  
**4925 BEACH BLVD.  
JACKSONVILLE, FL 32207**



01252005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3752355**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SAFER, ELIOT J ESQ.  
10110 SAN JOSE BLVD.  
FORD, JETER, BOWLUS, DUSS & MORGAN, P.A.  
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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
TROMBERG, FRED  
4925 BEACH BLVD  
JACKSONVILLE, FL 32207**

**U000000221182  
02/09/05-80021-008 150.00**

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Fred Tromberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*2/8/05 904 396 5321*  
Date Daytime Phone #