

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90137 036 \*\*\*\*50.00

<b>DOCUMENT # L02000011818</b> 1. Entity Name <b>WEST UNIVERSITY AVENUE LOFTS, L.L.C.</b>					
Principal Place of Business <b>118 W ADAMS ST STE 700 JACKSONVILLE, FL 32202</b>			Mailing Address <b>118 W ADAMS ST STE 700 JACKSONVILLE, FL 32202</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number <b>APPLIED FOR 25-1914669</b>			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LANGTON, MICHAEL 118 W. ADAMS ST #700 JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LB JAX DEVELOPMENT, L.L.C. 118 W. ADAMS ST #700 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 606, Florida Statutes.					
<b>SIGNATURE:</b>		<b>1/20/06</b>		<b>904.598.1368</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					



ATTACHMENT

3000 1435

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2006

WEST UNIVERSITY AVENUE LOFTS, L.L.C.  
118 W ADAMS ST  
STE 700  
JACKSONVILLE, FL 32202

Subject: WEST UNIVERSITY AVENUE LOFTS, L.L.C.

Reference Number:

L02000011818

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION

UNRECORDED COPY OF ANNUAL REPORT/UNIFORM BUSINESS REPORT  
FOR THE YEAR ENDING 12/31/05 (SEE) FOR THE YEAR ENDING 12/31/05  
RETURNED TO THE SUBMITTER FOR THE FOLLOWING REASON(S):  
BECAUSE THE REPORT DOES NOT INCLUDE THE FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) OR A PHOTOCOPY OF THE FEIN APPLICATION.