2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000020076

1. Entity Name
ALLIED PROPERTY, L.L.C.

Principal Place of Business	Mailing Address
2001 WALNUT STREET JACKSONVILLE, FL 32206	P.O. BOX 3125 JACKSONVILLE, FL 32206 US

DO NOT WRITE IN THIS SPACE

01192008 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
22-3866847	Not Applicable

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

6. Name and Address of Current Registered Agent

BERGER, GREGORY
177 S. HAMMOCK WAY
PONTE VEDRA BEACH, FL 32082

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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	MGRM
NAME	BERGER, GREGORY
STREET ADDRESS	2001 WALNUT STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	MGRM
NAME	BERGER, DENNIS
STREET ADDRESS	2001 WALNUT STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/28/06-80056-006 50.00

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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: _____   3-15-06   904 359 0386

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #