

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000022307

1. Entity Name
8635 BLANDING BLVD., LLC



Principal Place of Business
45 WEST BAY STREET, SUITE 203
JACKSONVILLE, FL 32202

Mailing Address
45 WEST BAY STREET, SUITE 203
JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE



01052006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
13-4209442

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRUNTHAL, LEONARD H III
45 WEST BAY ST
STE 203
JACKSONVILLE, FL 32202

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHUETH, WILLIAM F JR
STREET ADDRESS	45 WEST BAY ST STE 203
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	MGRM
NAME	ANGELO, MARE
STREET ADDRESS	11363 SAN JOSE BLVD BLDG#300
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	MGRM
NAME	SCHULTZ, JOHN
STREET ADDRESS	118 WEST ADAMS ST STE 600
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	MGRM
NAME	GRUNTHAL, III, LEONARD H
STREET ADDRESS	45 W BAY STREET, STE 203
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/23/06-80026-021 50.00

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

Leonard H. Grunthal III

03/09/06 904 356-1060

Date

Daytime Phone #