## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## DOCUMENT # L02000022508

1. Entity Name

APPLIED INVESTMENTS-JACKSONVILLE BEACH, LLC



FILED Feb 02, 2006 08:00 AM Secretary of State

Principal Place of Business

SIGNATURE:

2770 N.W. 43RD STREET, SUITE B GAINESVILLE, FL 32606-7419 Mailing Address

2770 N.W. 43RD STREET, SUITE B GAINESVILLE, FL 32606-7419



01202006 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number                    |                                   |
|----------------------------------|-----------------------------------|
| 04-3718309                       | <br>Not Applicable                |
| 5. Certificate of Status Desired | \$5.00 Additional<br>Fee Required |

6. Name and Address of Current Registered Agent

| 101 COLL                                  | ORENCE JON<br>EGE AVENUE<br>SSEE, FL 32301  | DO NOT WRITE<br>IN THIS SPACE   |
|---|---|---|
|   | named entity submits this statement for the purpose of changing its register ions of registered agent   | ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept   |
| SIGNATURE_                                |   | d Agent signature required when reinstating)  DATE  |
| Fi<br>D                                   | iling Fee is \$50.00<br>ue by May 1, 2006   | 000000415955<br>02/11/06-80103-011 50.00  |
| 9. TITLE NAME STREET ADDRESS GITY-ST-ZIP  | MANAGING MEMBERS/MANAGERS  MGR SCHANZE, THOMAS 2770 N.W. 43RD STREET, SUITE B GAINESVILLE, FL 326067419   |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP     | D<br>PETRELLA, DAWN<br>2770 NW 43RD ST, STE B<br>GAINESVILLE, FL 32606  |   |
| NAME STREET ADDRESS CITY-ST-ZIP           |   | DO NOT WRITE  |
| NAME STREET ADDRESS CITY-ST-ZIP           |   | IN THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP     |   |   |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | · · · · · · · · · · · · · · · · · · ·   |   |
| 11. I hereby<br>indicated<br>limited lia  | certify that the information supplied with this filling does not qualify for the e.<br>I on this report is true and accurate and that fifty signature shall have the sa<br>ibility company or the receiver of irrustee empowered to execute this report | vemptions contained in Chapter 119, Florida Statutes. I further certify that the information "<br>me legal effect as if made under oath; that I am a managing member or manager of the<br>as required by Chapter 608, Florida Statutes. |