

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023834

Entity Name: 5660 NND, L.L.C.

FILED  
Apr 11, 2006  
Secretary of State

## Current Principal Place of Business:

245 RIVERSIDE AVENUE  
SUITE 500  
JACKSONVILLE, FL 32202

## New Principal Place of Business:

## Current Mailing Address:

245 RIVERSIDE AVENUE  
SUITE 500-ATTN LEGAL DEPT  
JACKSONVILLE, FL 32202

## New Mailing Address:

FEI Number: 51-0426007

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARX, CHRISTINE M  
245 RIVERSIDE AVENUE  
SUITE 500  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: REGAN, MICHAEL N  
Address: 245 RIVERSIDE AVENUE, SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR ( ) Delete  
Name: GOTTLIEB, JEFFREY S  
Address: 245 RIVERSIDE AVENUE, SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR ( ) Delete  
Name: SLAPPEY, BRADFORD A  
Address: 245 RIVERSIDE AVENUE, SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR ( ) Delete  
Name: DALY, MICHAEL J DALY  
Address: 245 RIVERSIDE AVENUE, SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR ( ) Delete  
Name: SOLOMON, STEPHEN W  
Address: 245 RIVERSIDE AVENUE, SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL N. REGAN

MGR

04/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date