


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000029359**

1. Entity Name  
 707 PENINSULAR PLACE, L.L.C.



Principal Place of Business  
 707 PENINSULAR PLACE  
 JACKSONVILLE, FL 32204

Mailing Address  
 PO BOX 2399  
 JACKSONVILLE, FL 32203-2399

U00000447405  
 03/08/06-80055-017 50.00



**DO NOT WRITE IN THIS SPACE**

02012006 No Chg-LLC CR2E083 (11/05)

4. FEI Number  
 02-0655430 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TRITT, ARNOLD D JR.  
 707 PENINSULAR PLACE  
 JACKSONVILLE, FL 32204

**DO NOT WRITE IN THIS SPACE**

6. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRITT, ARNOLD D JR PO BOX 2399 JACKSONVILLE, FL 322032399
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**DO NOT WRITE IN THIS SPACE**

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:  2/1/06 904/354-5200