


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 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
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DO NOT WRITE IN THIS SPACE



01092007No Chg-LLC CR2E083 (11/05)

4. FEI Number 02-0655430	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

L000000594473
 01/22/07 00072 024 50.00

8. 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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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: *Arnold D. Tritt Jr.* MANAGING MEMBER 01/25/07 904/354-5203

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