

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90010 001 ****50.00

20037850



04052008 Chg-LLC CR2E083 (11/05)

4. FEI Number **81-0578740** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

BARON BARTLETT
135 PROFESSIONAL DRIVE, SUITE 101
PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

Name **Christopher J. Hurst**
Street Address (P.O. Box Number is Not Acceptable)
4540 Southside Blvd., Suite 302
City **Jacksonville** FL Zip Code **32216**

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **MGRM LENDRY, BRYAN** ☐ Delete
STREET ADDRESS **4745 SUTTON PARK CT, BLDG 500, STE 501**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE NAME **MGRM TABB, JEFFREY E** ☐ Delete
STREET ADDRESS **4745 SUTTON PARK CT, BLDG 500, STE 501**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE NAME **MGRM DAUSEND, THOMAS** ☐ Delete
STREET ADDRESS **4745 SUTTON PARK CT, BLDG 500, STE 501**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Bryan J. Lendry

4/20/06

904-992-2100

Date

Daytime Phone #