

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003481

FILED
Aug 23, 2006
Secretary of State

Entity Name: 1985 MISSISSIPPI AVENUE LLC

Current Principal Place of Business:

2801 HIBISCUS DRIVE WEST
BELLEAIR BEACH, FL 33786 US

New Principal Place of Business:

1985 MISSISSIPPI AVENUE
GROVE CITY, FL 34224 US

Current Mailing Address:

2801 HIBISCUS DRIVE WEST
BELLEAIR BEACH, FL 33786 US

New Mailing Address:

4N979 WESTWOODS DRIVE
SAINT CHARLES, IL 60175 US

FEI Number: 56-2332934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SANTORO, ROBERT S
2801 HIBISCUS DRIVE WEST
BELLEAIR BEACH, FL 33786 US

Name and Address of New Registered Agent:

SANTORO, ROBERT S
3613 RUBY AVENUE
ST. JAMES CITY, FL 33956 US

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: ROBERT S. SANTORO

08/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SANTORO, ROBERT S
Address: 2801 HIBISCUS DRIVE WEST
City-St-Zip: BELLEAIR BEACH, FL 33786 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SANTORO, ROBERT S
Address: 3613 RUBY AVENUE
City-St-Zip: ST. JAMES CITY, FL 33956 US

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: ROBERT S. SANTORO

MGR

08/23/2006

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