

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90029 008 ****50.00

DOCUMENT # L03000006739

1. Entity Name
JHC BEACH PROPERTY LLC



Principal Place of Business
1885 CORPORATE SQUARE BLVD.
JACKSONVILLE, FL 32216

Mailing Address
1885 CORPORATE SQUARE BLVD.
JACKSONVILLE, FL 32216

2. Principal Place of Business
1905 Corporate Square Blvd
Suite, Apt. #, etc.

3. Mailing Address
1905 Corporate Square Blvd
Suite, Apt. #, etc.



04052006 Chg-LLC CR2E083 (11/05)

City & State
Jacksonville, FL
Zip 32216 Country US

City & State
Jacksonville, FL
Zip 32216 Country US

4. FEI Number
13-4240464
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WALLIS, DONALD W ESQ
1301 RIVERPLACE BOULEVARD
SUITE 1500
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME DOUGLAS, MALIE ☒ Delete
STREET ADDRESS 1885 CORPORATE SQUARE BLVD.
CITY - ST - ZIP JACKSONVILLE, FL 32216

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

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NAME ☐ Delete
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NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE MGR
NAME Schrank, Joel P. M.D. ☐ Change ☒ Addition
STREET ADDRESS 1905 Corporate Square Blvd.
CITY - ST - ZIP

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

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

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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

4/13/06

Date

904-720-0799

Daytime Phone #