

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000010471

1. Entity Name
FSBO FIRST, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 19 AM 10:06

Principal Place of Business
2305 BEACH BOULEVARD
SUITE 101
JACKSONVILLE BEACH, FL 32250

Mailing Address
P.O. BOX 50817
JACKSONVILLE BEACH, FL 32240

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262006 Chg-LLC CR2E083 (11/05)

4. FEI Number
06-1684786

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, DOUGLAS R
1151 SALT CREEK DRIVE
PONTE VEDRA BEACH, FL 32082

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

10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS CLARK, DOUGLAS R
CITY-ST-ZIP 1151 SALT CREEK DRIVE
PONTE VEDRA BEACH, FL 32082 ☒ Delete

TITLE NAME MGR
STREET ADDRESS WILMER C. CLARK
CITY-ST-ZIP 1217 NORTH FIFTH AVE.
JACKSONVILLE BEACH, FL 32250 ☒ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 800076195568
CITY-ST-ZIP 06/14/06--01021--018 **50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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

WILMER C. CLARK

4/26/2006 (904) 237-3390

Date

Daytime Phone #