2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000020946

1. Entity Name

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

City-St-Zip TITLE

STREET ADDRESS City-ST-ZIP

SIGNATURE REALTY OF JACKSONVILLE, L.L.C.



FILED Jan 10, 2006 08:00 AM **Secretary of State**

Principal Place of Business

6272 DUPONT STATION COURT JACKSONVILLE, FL 32217

Mailing Address

6272 DUPONT STATION COURT JACKSONVILLE, FL 32217



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01082006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 14-1887474

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 The above the obligat 	named entity submits this statement for the purpose of cha- tions of registered agent.	nging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept	
SIGNATURE_				.
	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	١
Fi D:	iling Fee is \$50.00 ue by May 1, 2006	. · · · · · · · · · · · · · · · · · · ·		-
9.	MANAGING MEMBERS/MANAGERS			7
TITLE Name Street address City-St-Zip	MGRM CERVI, DEBORAH L 6272 DUPOINT STATION CT JACKSONVILLE, FL 32217			
TITLE VAME STREET ADDRESS CITY-ST-ZIP			1100/00381247 01/11/06-80046-009 50.00	
rim r)			١.

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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.