


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90044 024 \*\*\*\*50.00

<b>DOCUMENT # L03000037555</b> 1. Entity Name 215 CAPITAL LLC	
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Principal Place of Business <b>ONE INDEPENDENT DRIVE - SUITE 114 JACKSONVILLE, FL 32202</b>	Mailing Address <b>ONE INDEPENDENT DRIVE - SUITE 114 JACKSONVILLE, FL 32202</b>
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20043277



04212006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>03-0534870</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**EVANS, WILLIAM G  
ONE INDEPENDENT DRIVE - SUITE 114  
JACKSONVILLE, FL 32202**

**DO NOT WRITE  
IN THIS SPACE**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ACP-JRL PARTNERSHIP, LTD 512 EAST WASHINGTON STREET, SUITE 200 ORLANDO, FL 32801
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**DO NOT WRITE  
IN THIS SPACE**

**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:** *William G Evans Auth. Rep.* **04-28-06 904/356-1978**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #