

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00
Secretary of State

DOCUMENT # L03000043728

1. Entity Name
10TH AVENUE NORTH CONDOMINIUM, LLC



Principal Place of Business
328 2ND AVENUE NORTH
JACKSONVILLE BEACH, FL 32250

Mailing Address
328 2ND AVENUE NORTH
JACKSONVILLE BEACH, FL 32250



02012005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1691581

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMON, BERT C ESQUIRE
1660 PRUDENTIAL DRIVE
SUITE 203
JACKSONVILLE, FL 32207

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
MGR
CRANEWOODS, LLC
328 2ND AVENUE NORTH
JACKSONVILLE BEACH, FL 32250

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
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CITY, ST, ZIP

000000281092
03/30/05-80045-012 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/28/05

904-270-0270