

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2006 8:00 am
Secretary of State

03-24-2006 90219 039 ****50.00

DOCUMENT # L03000046321			
1. Entity Name BLK OF JACKSONVILLE, LLC			
Principal Place of Business 4003 OLD SAN PABLO ROAD SOUTH JACKSONVILLE, FL 32224		Mailing Address C/O RYAN AND MARKS ATTORNEYS, LLP 3000-B HARTLEY ROAD JACKSONVILLE, FL 32257	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent RYAN, WILLIAM B JR. 3000-B HARTLEY ROAD JACKSONVILLE, FL 32217		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 _____ DATE _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when rehashing)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRYSPIN, BARRY 4003 OLD SAN PABLO ROAD SOUTH JACKSONVILLE, FL 32224 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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.			
SIGNATURE <u>William B Ryan, Attorney for</u> Date <u>5/16/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

30012103



03232006 Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

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

FL Zip Code

904-
262-
4242