

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 20, 2006 8:00 am**  
**Secretary of State**

06-20-2006 90298 016 \*\*\*\*50.00

<b>DOCUMENT # L03000056297</b> 1. Entity Name <b>RWK 5143 UNIVERSITY, LLC</b>			
Principal Place of Business <b>8286 WESTERN WAY CIRCLE SUITE C-2 JACKSONVILLE, FL 32256 US</b>		Mailing Address <b>8286 WESTERN WAY CIRCLE SUITE C-2 JACKSONVILLE, FL 32256 US</b>	
2. Principal Place of Business <b>1301 Riverplace Blvd</b> Suite, Apt. #, etc. <b>Suite 2400</b> City & State <b>Jacksonville FL</b> Zip <b>32207</b>		3. Mailing Address <b>1301 Riverplace Blvd.</b> Suite, Apt. #, etc. <b>Suite 2400</b> City & State <b>Jacksonville FL</b> Zip <b>32207</b>	
4. FEI Number <b>26-5111330</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WIENER, WILLIAM CPA 8286 WESTERN WAY CIRCLE SUITE C-2 JACKSONVILLE, FL 32256</b>		7. Name and Address of New Registered Agent Name <b>Richard Brock CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1301 Riverplace Blvd.</b> Suite <b>2400</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32207</b>	
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 <u><i>Rose Wiener Kanner</i></u> <b>ROSE WIENER KANNER</b> <u><i>June 11, 2006</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KANNER, ROSE W MGR 2822 RIDGEFIELD COURT JACKSONVILLE, FL 32257</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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><i>Rose Wiener Kanner</i></u> <b>ROSE WIENER KANNER</b> <u><i>June 11, 2006</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

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Cell - 904 403-6422