

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90009 018 ****50.00

DOCUMENT # L04000010240

1. Entity Name

16TH AVENUE INVESTORS, LLC



Principal Place of Business

~~1579 THE GREENS WAY~~ 390 South 16th Avenue
SUITE #16
JACKSONVILLE BEACH, FL 32250

Mailing Address

~~1579 THE GREENS WAY~~ 390 South 16th Avenue
SUITE #16
JACKSONVILLE BEACH, FL 32250



03312006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0744716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMPSON PAULL, LLC
3500 S. 3RD STREET
JACKSONVILLE BEACH, FL 32250

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|---|
| TITLE | MGRM |
| NAME | PLUMB, JONATHAN D |
| STREET ADDRESS | 1579 THE GREENS WAY, SUITE 16 390 South 16 th Avenue Suite 16 |
| CITY- ST- ZIP | JACKSONVILLE BEACH, FL 32250 |

| | |
|----------------|---|
| TITLE | MGRM |
| NAME | PLUMB, SUSAN C |
| STREET ADDRESS | 1579 THE GREENS WAY, SUITE 16 390 South 16 th Avenue Suite 16 |
| CITY- ST- ZIP | JACKSONVILLE BEACH, FL 32250 |

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/1/06

904-242-0609