

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012819

Entity Name: 200 EXECUTIVE WAY, LLC

FILED
Sep 05, 2006
Secretary of State

Current Principal Place of Business:

200 EXECUTIVE WAY
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

200 EXECUTIVE WAY
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-0743836 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HAY, JONATHAN L
1548 LANCASTER TERR
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LINC, INC.,
Address: POST OFFICE BOX 5882
City-St-Zip: INCLINE VILLAGE, NV 89450

Title: MGR () Delete
Name: WAM & COMPANY, LLC,
Address: 200 EXECUTIVE WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LINC, INC.,
Address: POST OFFICE BOX 5882
City-St-Zip: INCLINE VILLAGE, NV 89450

Title: MGRM (X) Change () Addition
Name: WAM & COMPANY, LLC,
Address: 200 EXECUTIVE WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHERYL HAYES

MGR

09/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date