2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000014721

1. Entity Name
JACKSONVILLE VICTORIA SQUARE, LLC



FILED
May 10, 2006 08:00 A
Secretary of State

Principal Place of Business

501 WASHINGTON STREET C/O YALE REALTY SERVICES CORP. PLEASANTVILLE, NY 10570 Mailing Address

501 WASHINGTON STREET C/O YALE REALTY SERVICES CORP. PLEASANTVILLE, NY 10570



DO NOT WRITE IN THIS SPACE 05092006 No Chg-LLC

 4. FEI Number
 Applied For 20-2698399

 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulred

914-769-7600

Daytime Phone #

CR2E083 (11/05)

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301

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 fille if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE
Filing Fee is \$50.00 Due by September 6, 2006		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAPRIN, YALE I 501 WASHINGTON STREET PLEASANTVILLE, NY 10570	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1/00000565394 05/20/06-80133-001 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE