
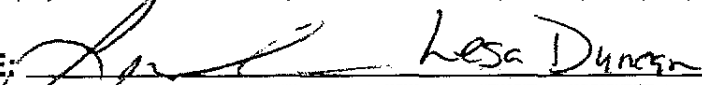


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

|  |   |   |
|--|---|---|
| <b>DOCUMENT # L04000031140</b>   |   |  |
| 1. Entity Name<br><b>LENOIR AVENUE, LLC</b>  |   |   |
| Principal Place of Business<br><b>5150 PALM VALLEY ROAD, SUITE 200<br/>PONTE VEDRA BEACH, FL 32082</b>   | Mailing Address<br><b>5150 PALM VALLEY ROAD, SUITE 200<br/>PONTE VEDRA BEACH, FL 32082</b>          |   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>PATTERSON, BOND &amp; LARSHAW, P.A.<br/>3010 SOUTH THIRD STREET<br/>JACKSONVILLE BEACH, FL 32250</b>   |   | <b>DO NOT WRITE<br/>IN THIS SPACE</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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____  |   |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |   |   |
| 9. MANAGING MEMBERS/MANAGERS   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>ZYSKI, JERRY<br>5150 PALM VALLEY ROAD, SUITE 200<br>PONTE VEDRA BEACH, FL 32082             |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>LOWERY BAKER, CHERIE<br>3545-1 ST. JOHNS BLUFF ROAD, SOUTH PNB101<br>JACKSONVILLE, FL 32224 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:  <b>Lesa Duncanson</b>  |   | <b>4/15/06 904-280-3119</b>   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>  |   | <small>Date Daytime Phone #</small>   |



04072006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-1031312**

Applied For  
Not Applicable

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

U00000530774  
05/06/06-80012-005 50.00

**DO NOT WRITE  
IN THIS SPACE**