

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000032957

1. Entity Name
1661 RIVERSIDE, LLC



Principal Place of Business
1021 OAK STREET
JACKSONVILLE, FL 32204

Mailing Address
1021 OAK STREET
JACKSONVILLE, FL 32204



02272006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1079294

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees Required

8. Name and Address of Current Registered Agent

GULLIFORD, WILLIAM I
1021 OAK STREET
JACKSONVILLE, FL 32204

**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	PARHAM, WILLIAM H
STREET ADDRESS	1021 OAK STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	MGRM
NAME	WIELANSKY, LEE S
STREET ADDRESS	12647 OLIVE BOULEVARD, SUITE 580
CITY-ST-ZIP	ST. LOUIS, MO 64131
TITLE	MGRM
NAME	GULLIFORD, WILLIAM I
STREET ADDRESS	1021 OAK STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000526040
05/04/06-80058-005 \$0.00

**DO NOT WRITE
IN THIS SPACE**

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

3/10/06

Date

(904) 384-6260

Daytime Phone If