


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000040335**

1. Entity Name  
 8691 WESTERN WAY, L.L.C.



|  |  |
|--|--|
| Principal Place of Business<br>C/O EASTON, SANDERSON & CO<br>300 EAST STATE STREET<br>JACKSONVILLE, FL 32226 | Mailing Address<br>C/O EASTON, SANDERSON & CO<br>300 EAST STATE STREET<br>JACKSONVILLE, FL 32226 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-LLC CR2E083 (11/05)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>20-1177437                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

DUSS, JOHN S IV  
 FORD, JETER, BOWLUS, DUSS, MORGAN, KENNEY, SAFER  
 10110 SAN JOSE BOULEVARD  
 JACKSONVILLE, FL 32257

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>EASTON, SAMUEL M JR<br>300 E. STATE STREET<br>JACKSONVILLE, FL 32202 |
| 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 |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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 01/20/06-80012-012 50.00

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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 Samuel Easton Date 1/13/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE