


FILED
Feb 14, 2007 8:00 am
Secretary of State

01-25-2007 90089 042 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L04000040335

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



Principal Place of Business C/O EASTON,SANDERSON & CO 300 EAST STATE STREET JACKSONVILLE, FL 32226	Mailing Address C/O EASTON,SANDERSON & CO 300 EAST STATE STREET JACKSONVILLE, FL 32226
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DO NOT WRITE IN THIS SPACE



01122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1177437	Applied For Not Applicable
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5. Certificate of Status Desired \$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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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EASTON, SAMUEL M JR 300 E. STATE STREET JACKSONVILLE, FL 32202
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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #