2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000045541

1. Entity Name
LEMON SQUARE, LLC

Principal Place of Business	Mailing Address
200 FIRST STREET NEPTUNE BEACH, FL 32266	200 FIRST STREET NEPTUNE BEACH, FL 32266

DO NOT WRITE IN THIS SPACE

03202006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3676732	Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, EDWARD S
200 FIRST STREET
NEPTUNE BEACH, FL 32266

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

III00000477598
04/06/06-80057-017 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	JONES, EDWARD S
STREET ADDRESS	200 FIRST STREET
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: _____ Edward S. Jones _____   20 mar 2006   904.241.1026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #