

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000045673

1. Entity Name
ASSETS & INVESTMENT MANAGEMENT, LLC



Principal Place of Business
**1506 PRUDENTIAL DRIVE
102
JACKSONVILLE, FL 32207 US**

Mailing Address
**PO BOX 933
ORANGE PARK, FL 32067 US**



04052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1185260

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BEERY, NIKKI
9356 CRYSTAL SPRINGS RD.
JACKSONVILLE, FL 32221**

**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**

04/28/06-80024-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CATLETT, JAMES J
STREET ADDRESS	1506 PRUDENTIAL DRIVE STE 102
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	MGRM
NAME	FRASIER, MYRA O
STREET ADDRESS	1513 COTTON CLOVER RD
CITY-ST-ZIP	ORANGE PARK, FL 32065
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/10/05