

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000046195

1. Entity Name
SW 21ST AVENUE, L.L.C.



Principal Place of Business

**50 NORTH LAURA STREET, SUITE 2800
JACKSONVILLE, FL 32202**

Mailing Address

**50 NORTH LAURA STREET, SUITE 2800
JACKSONVILLE, FL 32202**



01052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1636078

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GIBBS, THOMAS E
50 NORTH LAURA STREET, SUITE 2800
JACKSONVILLE, FL 32202**

**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**

**1100000496193
04/22/06-80004-007 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE	MBR
NAME	GOLDEN RULE PROPERTIES,LLC
STREET ADDRESS	50 N LAURA ST SUITE 2800
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	MBR
NAME	DUCK POND, LLC
STREET ADDRESS	ONE INDEPENDENT DR SUITE 1600
CITY-ST-ZIP	JACKSONVILLE, FL 32202
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: *KE Gill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #