

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90078 002 ****50.00

DOCUMENT # L04000050978

1. Entity Name
5 POINTS THEATRE BUILDING, LLC



Principal Place of Business
**2720 PARK STREET, SUITE 205
JACKSONVILLE, FL 32205**

Mailing Address
**2720 PARK STREET, SUITE 205
JACKSONVILLE, FL 32205**

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2. Principal Place of Business - No P.O. Box #
1022 Park St

3. Mailing Address
1022 Park St

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32204

Zip
32204

01222007 Chg-LLC CR2E083 (12/06)

4. FEI Number
54-2157373

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHAD III, H. W.
2720 PARK ST STE 205
JACKSONVILLE, FL 32205**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1022 Park St
Suite 201
City **Jacksonville** FL Zip Code **32204**

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 H.W. Shad
Signature, typed or printed name of registered agent and title if applicable

H.W. Shad
(NOTE: Registered Agent signature required when reinstating)

1/22/07
DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SHAD III, H. W.
5031 YACHT CLUB RD
JACKSONVILLE, FL 32210** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SHAD IV, H.W.
2828 OAK ST
JACKSONVILLE, FL 32205** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SHAD, JACK L
2826 OAK ST
JACKSONVILLE, FL 32205** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
FOWLER, L.B.
1546 LANCASTER ST. #1200
JACKSONVILLE, FL 32204** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
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☐ Change ☐ Addition

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: H.W. Shad H.W. Shad 1/22/07 904-358-0610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #