
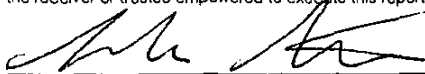


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

03-30-2005 90163 015 ****50.00

DOCUMENT # L04000055961 1. Entity Name THE LORELEI OF JACKSONVILLE BEACH, LLC					
Principal Place of Business ATTN: ALAN E. DICKINSON 16 HWY A1A NORTH PONTE VEDRA BEACH, FL 32082			Mailing Address ATTN: ALAN E. DICKINSON 16 HWY A1A NORTH PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 54-2156935	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PATTERSON, BOND & LATSHAW, P.A. 3010 3RD STREET SOUTH JACKSONVILLE BEACH, FL 32250			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DICKINSON, ALAN E 166 HWY A1A NORTH PONTE VEDRA BEACH, FL 32082		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			3/15/05 (904) 285-7533		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30003779



03112005 Chg-LLC CR2E083 (10/03)

Applied For
Not Applicable

FL Zip Code

9th AVENUE CONDOS
166 Hwy. A1A, North
Suite 100-B
Ponte Vedra Beach, FL 32082

ATTACHMENT
30003779

COMPASS BANK
JACKSONVILLE LANDING BRANCH
TWO INDEPENDENT DR.
JACKSONVILLE, FL 32202

3219

63-1392/630

3/24/05

PAY TO THE ORDER OF FL Department of State

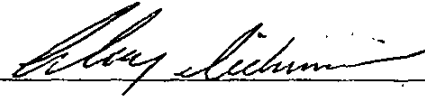
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\$

Fifty and 00/100*****

DOLLARS

FL Department of State
Div. of Corporations
P. O. Box ~~6198~~ 6478
Tallahassee, FL 32314-~~6198~~

Doc. # L04000055961 - Lorelei of Jacksonville Beac



9th Avenue Condos
c/o Alan E. Dickinson

FL Department of State
Licenses and Permits

2005 UBR - doc. # L04000055961

3/24/05

3219
50.00

9th Ave. Condos Doc. # L04000055961 - Lorelei of Jacksonville

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