

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000059044**

1. Entity Name  
**FERNANDINA PROPERTY, LLC**



Principal Place of Business  
**806 RIVERSIDE AVE  
JACKSONVILLE, FL 32203**

Mailing Address  
**806 RIVERSIDE AVE  
JACKSONVILLE, FL 32203**



07072006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2713882**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LUNETTA, PAUL J  
806 RIVERSIDE AVE  
JACKSONVILLE, FL 32203**

**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 September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **P**  
NAME **HARDEN & ASSOCIATES, INC.**  
STREET ADDRESS **806 RIVERDISE AVE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32203**

TITLE **V**  
NAME **LUNETTA, PAUL J**  
STREET ADDRESS **806 RIVERSIDE AVE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32203**

TITLE  
NAME  
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CITY-ST-ZIP

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U000000571281  
07/19/06-80011-020 50.00

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

**7/12/06**

Date

Daytime Phone # \_\_\_\_\_