## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

## FILED Apr 25, 2005 8:00 am Secretary of State

DOCUMENT # L0400073630  1. Entity Name 436 JACKSONVILLE DRIVE, LLC  Principal Place of Business Mailing Address						04-25-2005 90101 033 ****50.00					
410 JACKSO	ce of Business INVILLE DRIV LE BEACH, FI	'E	Mailing Address 410 JACKSONVILLE DRIVE JACKSONVILLE BEACH, FL 32250		250		an saik arah saik sail Call	II <b>29</b> III 1 <b>2333</b> AM	• • • • • • • • • • • • • • • • • • •	(Ca) 411 (QQ)	
2. Principal Place of Business			3. Mailing Address JOI, 1325 San Marco Bl			yd	ya				
Suite, Apt. #, etc.			Suite, Apt. #, etc. Suite 701 City & State			01102005		CR2E08	3 (10/03)	<del></del>	
City & State			Jacksonville, Fl			4. FEI Numi 20-1	<sup>ber</sup> 730242		No	oplied For ot Applicable	
Zip	Country		Zip 32207			5. Certificat	e of Status Desired		5.00 Add ee Require		
	6. Name	and Address of Current R	egistered Agent	<del></del>	7. Name and Address of New Registered Agent Name						
WHITAKER, DALE A 410 JACKSONVILLE DRIVE JACKSONVILLE BEACH, FL 32250					Street Address (P.O. Box Number is Not Acceptable)						
			City			FL	Zip Code	9			
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 tide if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									<del>-</del>		
Fi D:	iling Fee is ue by May	s \$50.00 7 1, 2005					Make check payable to Florida Department of State				
9.	IMGR	MANAGING MEMBER		10.			ADDITIONS/				
TITLE NAME STREET ADORESS CITY-ST-ZIP	STEVEN 410 JA	J. LANCASTER CKSONVILLE DRI NVILLE BCH. EL						l	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	MGR DALE A	. WHITAKER CKSONVILLE DRI	☐ Delete		E ET ADORESS			[	Change	Addition	
CITY-ST-ZIP	JACKSONVILLE BCH, FL 32250				-ST-ZIP			<del></del>			
NAME	EDWARD D. YOUNG				E			1	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	410 JACKSONVILLE DRIVE JACKSONVILLE BCH. FL 32250				ET ADORESS - ST-ZIP			•			
TITLE NAME	MGR Delete M. JOHN VON THRON				E			[	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	410 JACKSONVILLE DRIVE				ET ADORESS -ST-ZIP						
TITLE	JACKSONVILLE BCH, FL 32250 ☐ Delete					<u></u>		[	Спалде	Addition	
NAME STREET ADORESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP						
TITLE NAME	☐ Delete				: E			Ţ.	Change	Addition	
STREET ADORESS CITY-ST-ZIP					ET ADORESS - ST-ZIP						
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.											