2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2006 8:00 am
Secretary of State
05-04-2006 90027 031 ****50.00

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1. Entity Name
436 JACKSONVILLE DRIVE, LLC

Principal Place of Business	Mailing Address
410 JACKSONVILLE DRIVE JACKSONVILLE BEACH, FL 32250	JOI, 1325 SAN MARCO BLVD SUITE 701 JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

08082006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1730242
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WHITAKER, DALE A
410 JACKSONVILLE DRIVE
JACKSONVILLE BEACH, FL 32250

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LANCASTER, STEVEN J
STREET ADDRESS	410 JACKSONVILLE DR
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	MGR
NAME	WHITAKER, DALE A
STREET ADDRESS	410 JACKSONVILLE DR
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	MGR
NAME	YOUNG, EDWARD D
STREET ADDRESS	410 JACKSONVILLE DR
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	MGR
NAME	VON THRON, JOHN
STREET ADDRESS	410 JACKSONVILLE DR
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: ✓ _____ ✓ 8/8/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

AUG-08-2006 TUE 10:26 AM JACKSONVILLE ORTHOPAEDIC FAX NO. 9048586490 P. 03