2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000084252

1. Entity Name

8230 BAYCENTER LLC

Principal Place of Business	Mailing Address
300 EAST STATE STREET JACKSONVILLE, FL 32202	300 EAST STATE STREET JACKSONVILLE, FL 32202

01052006 No Chg-LLC   CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
20-1900236	Not Applicable

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

6. Name and Address of Current Registered Agent

BROOKS, MICHAEL L
437 E. MONROE ST.
SUITE 202
JACKSONVILLE, FL 32202

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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 _____

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

Filing Fee is $50.00
Due by May 1, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	EASTON, SAMUEL JR.
STREET ADDRESS	300 EAST STATE STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

01/24/06-80021-008 50.00

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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: _____   1/16/06   904 _____

<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #</small>