

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000086440

1. Entity Name
629 BLANDING BLVD., LLC



Principal Place of Business
45 WEST BAY STREET
SUITE 203
JACKSONVILLE, FL 32202

Mailing Address
45 WEST BAY STREET
SUITE 203
JACKSONVILLE, FL 32202



01052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1933133

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

GRUNTHAL, LEONARD H III
45 WEST BAY STREET
SUITE 203
JACKSONVILLE, FL 32202

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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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GRUNTHAL, LEONARD H III
STREET ADDRESS 45 WEST BAY STREET, STE 203
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE MGR
NAME SCHUETH, WILLIAM F
STREET ADDRESS 45 WEST BAY STREET, STE 203
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE MGR
NAME ANGELO, MARC
STREET ADDRESS 11363 SAN JOSE BLVD, BLDG 300
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE MGR
NAME SCHULTZ, JOHN
STREET ADDRESS P.O. BOX 1200
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000485465
04/12/06-80084-010 50.00

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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

Leonard H. Grunthal III 3/28/06 (404) 350-1000