


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000091334 1. Entity Name 935 LONDON AVENUE, LLC	
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Principal Place of Business 13028 NORMEDS ROAD JACKSONVILLE, FL 32223	Mailing Address 13028 NORMEDS ROAD JACKSONVILLE, FL 32223
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DO NOT WRITE IN THIS SPACE



07102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WINKLER, JOHN T 13028 NORMEDS ROAD JACKSONVILLE, FL 32223
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**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 14, 2007**

000000783083
07/16/07-80013-017 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WINKLER, JOHN T 13028 NORMEDS ROAD JACKSONVILLE, FL 32223
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**DO NOT WRITE
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 608, Florida Statutes.

SIGNATURE:

John T. Winkler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

July 11, 2007

(904) 265 4001
Daytime Phone #