## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 26, 2007 8:00 am Secretary of State

DOCUMENT # L04000091399  1. Entity Name 9009 REGENCY BUILDING, LLC  Principal Place of Business  9009 REGENCY SQUARE BIVD.  ACKSONVILLE, FL 32211  ACKSONVILLE, FL 32211  ACKSONVILLE, FL 32211  ACKSONVILLE, FL 32203  Address  2. Principal Place of Business - No P.O. Box #  2. Principal Place of Business - No P.O. Box #  2. Principal Place of Business - No P.O. Box #  2. Principal Place of Business - No P.O. Box #  2. Principal Place of Business - No P.O. Box #  2. Principal Place of Business - No P.O. Box #  2. Principal Place of Business - No P.O. Box #  2. Principal Place of Business  - No P.O. Box #  2. Principal Place of Business - P.O. Box #  2. Principal Place of Business - No P.O. Box #  2. Principal Place of Business - No P.O. Box #  2. Principal Place of Business - P.O. Box #  2. Principal Place of Business - No P.O. Box #  2. Principal Place of Business - No P.O. Box #  2. Principal Place of Business - No P.O. Box #  2. Principal Place of Business - P.O. Box #  2. Principal Place of Business - No P.O. Box #  2. Pr	706)  Applied For Not Applicable  Additional
Principal Place of Business  9009 REGENCY SQUARE BIVD.  JACKSONVILLE, FL-32211  2. Principal Place of Business - No P.O. Box # JACKSONVILLE, FL-32203  2. Principal Place of Business - No P.O. Box # JACKSONVILLE, FL-32203  2. Principal Place of Business - No P.O. Box # JACKSONVILLE, FL-32203  2. Principal Place of Business - No P.O. Box # JACKSONVILLE, FL-32203  3. Mailing Address  2. Principal Place of Business - No P.O. Box # JACKSONVILLE, FL-32203  3. Mailing Address  2. Principal Place of Business - No P.O. Box # JACKSONVILLE, FL-32211  3. Mailing Address  3. Mailing Address  2. Principal Place of Business  3. Mailing Address  2. Principal Place of Business  3. Mailing Address  2. Principal Place of Business  4. FEI Number  20-1999054  4. FEI Number  20-1999054  5. Certificate of Status Desired  \$5.00  \$5.00  \$5.00  \$5.00  \$1. Name and Address of New Registered Agent  Name  3. Mailing Address  4. FEI Number  20-1999054  7. Name and Address of New Registered Agent  Name  3. Mailing Address  5. Certificate of Status Desired  \$5.00  \$5.	Applied For Not Applicable
Suite, Apt. #, etc.  Suite, Ap	Applied For Not Applicable
Suite 160  Suite 160  Suite 160  City & State Parte Vedra Beach, FL  Zip Country 30082  Country A  Stein, DAVID A  9009 REGENCY SQUARE-BLVD. JACKSONVILLE, FL  32211  City & State Country A  City & State Parte 160  City & State Country A  Country A  Country A  Street Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable) Country A  Street Address (P.O. Box Number is Not Acceptable) Country A  Street Address (P.O. Box Number is Not Acceptable) Country A  Street Address (P.O. Box Number is Not Acceptable) Country A  Street Address (P.O. Box Number is Not Acceptable) Country A  Street Address (P.O. Box Number is Not Acceptable) Country A  Street Address (P.O. Box Number is Not Acceptable) Country A  Street Address (P.O. Box Number is Not Acceptable) Country A  Street Address (P.O. Box Number is Not Acceptable) Country A  Street Address (P.O. Box Number is Not Acceptable) Country A  Street Address (P.O. Box Number is Not Acceptable) Country A  Country A  Street Address (P.O. Box Number is Not Acceptable) Country A  Country A  Street Address (P.O. Box Number is Not Acceptable) Country A  Country A  Country A  Street Address (P.O. Box Number is Not Acceptable) Country A	Applied For Not Applicable
Tante Vedyc Beach, TL Tonde Vedyc Beach, TL 20-1999054  Zip Country Sip Country Sip Country Signature of Status Desired Status Desired Signature of Status Desired Signatu	Not Applicable Additional
5. Certificate of Status Desired Fee Re 6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  STEIN, DAVID A  9009 REGENCY SQUARE BLVD.  JACKSONVILLE, FL 32211  Surget Address IP.O. Box Number is Not Acceptable)  JACKSONVILLE, FL 32211	
STEIN, DAVID A  9009 REGENCY SQUARE BLVD.  JACKSONVILLE, FL 32211  Street Address (P.O. Box Number is Not Acceptable)  2007 Park Vering Fack Dark	
	Code 52082
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 the obligations of regist red 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 Make check payable Due by May 1, 2007 Florida Department of	
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES	
TITLE MGR Delete TITLE Character ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32211 Character ADDRESS CITY-ST-ZIP	unge Addition
TITLE         Delete         TITLE         Chamber           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP	
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TITLE	nge Addition

11. I hereby certify that the information supplied with this filling 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/15/07

Daytime Phone #