

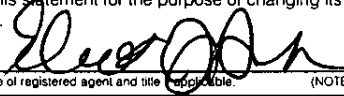
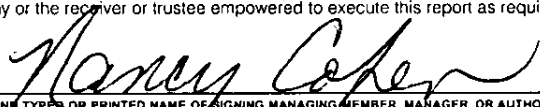


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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|---|--|--|--|--|--|--|--|
| DOCUMENT # L04000094217 | | | |  | | FILED 07 APR 16 PM 3:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| 1. Entity Name 6935 DISTRIBUTION AVE, LLC | | | |  | | | |
| Principal Place of Business 6935 DISTRIBUTION AVE S JACKSONVILLE, FL 32256 US | | Mailing Address 6935 DISTRIBUTION AVE S JACKSONVILLE, FL 32256 US | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | | Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent EDWARDS, WILLIAM T JR. 1726 KINGSLEY AVENUE SUITE 18 ORANGE PARK, FL 32073 | | | | 7. Name and Address of New Registered Agent Name: Eliot J. Safer, Esq. Street Address (P.O. Box Number is Not Acceptable): 10110 San Jose Blvd. City: Jacksonville FL Zip Code: 32257 | | | |
| 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: 4/5/07 <small>(Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating.)</small> | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
| TITLE: MGRM <input type="checkbox"/> Delete NAME: COHEN, NANCY STREET ADDRESS: 6935 DISTRIBUTION AVE S CITY-ST-ZIP: JACKSONVILLE, FL 32556 | | | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: | | | |
| TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: | | | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: | | | |
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| TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: | | | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: | | | |
| 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:  | | | | 4-9-07 | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | <small>Date Daytime Phone #</small> | | | |