2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 01, 2006 8:00 am Secretary of State **DOCUMENT # L05000000201** 05-01-2006 90075 047 ****50.00 150 EAST THIRD STREET PROPERTY, LLC Mailing Address Principal Place of Business 9099 TIMBERLIN LAKE ROAD 9099 TIMBERLIN LAKE ROAD JACKSONVILLE, FL 32256 JACKSONVILLE, FL. 32256 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For 4. FEI Number 20-4606445 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HEEKIN, MATTHEW M Street Address (P.O. Box Number is Not Acceptable) 4540 SOUTHSIDE BOULEVARD **SUITE 702** JACKSONVILLE, FL 32256 Zip Code 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 Make check payable to Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES **MGRM** TITLE TITLE ☐ Change Addition ☐ Detete NAME JUBRAN, EASA C NAME STREET ADDRESS 9099 TIMBERLIN LAKE ROAD STREET ADDRESS CITY-ST-7IP JACKSONVILLE, FL 32256 CITY-ST-7IP MGRM Rojes, Julie M MGRM TITLE ☐ Delete TITLE Change ☐ Addition ROJICS, JULIE M NAME NAME 3470 Sandburg Rd. STREET ADDRESS 3470 SANBORN ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32277 CITY-ST-ZIP Tacksonville, FL 32277 MGRM TITLE ☐ Delete TITLE Change ☐ Addition JUBRAN, JACK E NAME NAME STREET ADDRESS 899 WEST AVENUE, #9L STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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.

BIGNATURE AND TYPED OR PRINGED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #