## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016882

Entity Name: CAMBRIDGE REALTY OF JACKSONVILLE, LLC

FILED Apr 28, 2006 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business:

3117 SPRING GLEN ROAD, SUITE 406 644 CESERY BLVD. JACKSONVILLE, FL 32003

SUITE 320

JACKSONVILLE, FL 32211

**Current Mailing Address:** New Mailing Address:

644 CESERY BLVD. 3117 SPRING GLEN ROAD, SUITE 406

JACKSONVILLE, FL 32003 SUITE 320

JACKSONVILLE, FL 32211

ADDITIONS/CHANGES:

FEI Number: 20-2368606 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete (X) Change ( ) Addition SAMUELS, CLIFTON R SAMUELS, CLIFTON R Name: Name:

3117 SPRING GLEN ROAD, SUITE 406 Address: 644 CESERY BLVD., SUITE 320 Address: City-St-Zip: JACKSONVILLE, FL 32003 City-St-Zip: JACKSONVILLE, FL 32211

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

SAMUELS, MAXIENNE Name: SAMUELS, MAXIENNE Name:

Address: 3117 SPRING GLEN ROAD, SUITE 406 Address: 644 CESERY BLVD., SUITE 320 City-St-Zip: JACKSONVILLE, FL 32003 City-St-Zip: JACKSONVILLE, FL 32211

Title: () Delete Title: (X) Change ( ) Addition

SAMUELS, MAXIENNE SAMUELS, MAXIENNE Name: Name: 3117 SPRING GLEN ROAD, SUITE 406 Address: Address: 644 CESERY BLVD., SUITE 320

City-St-Zip: JACKSONVILLE, FL 32003 City-St-Zip: JACKSONVILLE, FL 32211

Title: ( ) Delete Title: (X) Change ( ) Addition

SAMUELS, CLIFTON R SAMUELS, CLIFTON R Name: Name:

Address: 3117 SPRING GLEN ROAD, SUITE 406 Address: 644 CESERY BLVD., SUITE 320 City-St-Zip: JACKSONVILLE, FL 32003 City-St-Zip: JACKSONVILLE, FL 32211

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLIFTON R. SAMUELS 04/28/2006