

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90092 014 \*\*\*\*50.00

| <b>DOCUMENT # L05000031571</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                                                                                                                                                                                                     |                                                                                                                                             |                                                          |                                                                   |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
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| <b>1. Entity Name</b><br><b>KANTER'S OLD KINGS ROAD PROPERTIES, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                   |                                                                                                                                                                                                     |                                                                                                                                             |                                                          |                                                                   |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| <b>Principal Place of Business</b><br><b>2748 COVE VIEW DRIVE SOUTH</b><br><b>JACKSONVILLE, FL 32257</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                                                                                                                                                                                                     | <b>Mailing Address</b><br><b>2748 COVE VIEW DRIVE SOUTH</b><br><b>JACKSONVILLE, FL 32257</b>                                                |                                                          |                                                                   |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| <b>2. Principal Place of Business</b><br><b>3599 University Blvd S</b><br>Suite, Apt. #, etc.<br><b>Suite 913</b><br>City & State<br><b>Jacksonville FL</b><br>Zip                      Country<br><b>32216</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   | <b>3. Mailing Address</b><br><b>3599 University Blvd S</b><br>Suite, Apt. #, etc.<br><b>Suite 913</b><br>City & State<br><b>Jacksonville FL</b><br>Zip                      Country<br><b>32216</b> |                                                                                                                                             |                                                          |                                                                   |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| <b>4. FEI Number</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   | <b>07062006    Chg-LLC    CR2ED83 (11/05)</b>                                                                                                                                                       |                                                                                                                                             |                                                          |                                                                   |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   | <b>Applied For</b><br><input checked="" type="checkbox"/> <b>Not Applicable</b>                                                                                                                     |                                                                                                                                             |                                                          |                                                                   |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>WATSON, TODD</b><br><b>7785 BAYMEADOWS WAY., SUITE 1107</b><br><b>JACKSONVILLE, FL 32256</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |                                                                                                                                                                                                     | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                          |                                                                   |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |                                                                                                                                                                                                     |                                                                                                                                             |                                                          |                                                                   |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| <b>SIGNATURE</b><br><small>Signature, typed or printed names of registered agent and filer if applicable      (NOTE: Registered Agent signature required when submitting)      DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                                                                                                                                                                     |                                                                                                                                             |                                                          |                                                                   |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by September 6, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   | Make check payable to<br><b>Florida Department of State</b>                                                                                                                                         |                                                                                                                                             |                                                          |                                                                   |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">A. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">B. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>KANTER, LAWRENCE JAMES TRUSTEE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>2748 COVE VIEW DRIVE SOUTH JACKSONVILLE, FL 32257</td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </tbody> </table> |                                                   |                                                                                                                                                                                                     |                                                                                                                                             |                                                          |                                                                   | A. MANAGING MEMBERS/MANAGERS |  |  | B. ADDITIONS/CHANGES |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | KANTER, LAWRENCE JAMES TRUSTEE |  | STREET ADDRESS |  |  | CITY-STATE-ZIP | 2748 COVE VIEW DRIVE SOUTH JACKSONVILLE, FL 32257 |  | CITY-STATE-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-STATE-ZIP |  |  | CITY-STATE-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-STATE-ZIP |  |  | CITY-STATE-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-STATE-ZIP |  |  | CITY-STATE-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-STATE-ZIP |  |  | CITY-STATE-ZIP |  |  |
| A. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                   |                                                                                                                                                                                                     | B. ADDITIONS/CHANGES                                                                                                                        |                                                          |                                                                   |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NAME                                              | <input type="checkbox"/> Delete                                                                                                                                                                     | TITLE                                                                                                                                       | NAME                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | KANTER, LAWRENCE JAMES TRUSTEE                    |                                                                                                                                                                                                     | STREET ADDRESS                                                                                                                              |                                                          |                                                                   |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2748 COVE VIEW DRIVE SOUTH JACKSONVILLE, FL 32257 |                                                                                                                                                                                                     | CITY-STATE-ZIP                                                                                                                              |                                                          |                                                                   |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   | <input type="checkbox"/> Delete                                                                                                                                                                     | TITLE                                                                                                                                       |                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |                                                                                                                                                                                                     | NAME                                                                                                                                        |                                                          |                                                                   |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                                                                                                                                                                                                     | STREET ADDRESS                                                                                                                              |                                                          |                                                                   |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                                                                                                                                                                                                     | CITY-STATE-ZIP                                                                                                                              |                                                          |                                                                   |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   | <input type="checkbox"/> Delete                                                                                                                                                                     | TITLE                                                                                                                                       |                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |                                                                                                                                                                                                     | NAME                                                                                                                                        |                                                          |                                                                   |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                                                                                                                                                                                                     | STREET ADDRESS                                                                                                                              |                                                          |                                                                   |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                                                                                                                                                                                                     | CITY-STATE-ZIP                                                                                                                              |                                                          |                                                                   |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   | <input type="checkbox"/> Delete                                                                                                                                                                     | TITLE                                                                                                                                       |                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |                                                                                                                                                                                                     | NAME                                                                                                                                        |                                                          |                                                                   |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                                                                                                                                                                                                     | STREET ADDRESS                                                                                                                              |                                                          |                                                                   |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                                                                                                                                                                                                     | CITY-STATE-ZIP                                                                                                                              |                                                          |                                                                   |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   | <input type="checkbox"/> Delete                                                                                                                                                                     | TITLE                                                                                                                                       |                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |                                                                                                                                                                                                     | NAME                                                                                                                                        |                                                          |                                                                   |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                                                                                                                                                                                                     | STREET ADDRESS                                                                                                                              |                                                          |                                                                   |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                                                                                                                                                                                                     | CITY-STATE-ZIP                                                                                                                              |                                                          |                                                                   |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                                                                                                                                                                     |                                                                                                                                             |                                                          |                                                                   |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |
| <b>SIGNATURE:</b> <i>Lawrence J. Kanter</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                                                                                                                                                                     |                                                                                                                                             | Date: <i>7-10-6</i> Daytime Phone #: <i>904-399-4120</i> |                                                                   |                              |  |  |                      |  |  |       |      |                                 |       |      |                                                                   |                |                                |  |                |  |  |                |                                                   |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                |  |  |                |  |  |