

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036325

FILED
Feb 03, 2006
Secretary of State

Entity Name: FRANCIS AVENUE INVESTMENTS, LLC

Current Principal Place of Business:

784 SW 7TH STREET
BOCA RATON, FL 33486

New Principal Place of Business:

723 N US HIGHWAY 1
FORT PIERCE, FL 34950

Current Mailing Address:

784 SW 7TH STREET
BOCA RATON, FL 33486

New Mailing Address:

723 N US HIGHWAY 1
FORT PIERCE, FL 34950

FEI Number: 13-4308400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICES OF DENNIS G. FANO, P.A.
225 NE MIZNER BLVD.
SUITE 300
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

SARAH, GREEN A MGRM
723 N US HIGHWAY 1
FORT PIERCE, FL 34950 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SARAH A GREEN

02/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GREEN, SARAH
Address: 784 SW 7TH STREET
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM () Delete
Name: HORGER, BARBARA
Address: 2812 SERENITY CIR.
City-St-Zip: FT. PIERCE, FL 34981

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GREEN, SARAH A
Address: 723 N US HIGHWAY 1
City-St-Zip: FORT PIERCE, FL 34950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SARAH A GREEN

MGRM

02/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date