


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90058 016 \*\*\*\*50.00

<b>DOCUMENT # L05000053546</b> 1. Entity Name <b>JACKSONVILLE PROPERTY INVESTORS, LLC</b>					
Principal Place of Business <b>ONE INDEPENDENT DRIVE, 24TH FLOOR JACKSONVILLE, FL 32203</b>			Mailing Address <b>2532 DUPONT DRIVE IRVINE, CA 92612</b>		
2. Principal Place of Business <b>60 Ocean Blvd..</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite 15</b>			
City & State <b>Atlantic Beach, FL</b>		City & State <b>IRVINE, CA</b>			
Zip <b>32233</b>	Country <b>USA</b>	Zip <b>92612</b>	Country <b>CA</b>		
8. Name and Address of Current Registered Agent  <b>COE, BRAD ONE INDEPENDENT DRIVE, 24TH FLOOR JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent Name <b>Coe, Brad</b> Street Address (P.O. Box Number is Not Acceptable) <b>60 Ocean Blvd., Suite 15</b> City <b>Atlantic Beach</b> <b>FL</b> Zip Code <b>32233</b>		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
4. FEI Number <b>83-0444456</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>					
01172006 Chg-LLC CR2E083 (11/05)					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COX, WILLIAM J 16485 LAGUNA CANYON ROAD, THIRD FLOOR IRVINE, CA 92628 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2532 Dupont Drive Irvine, CA 92612 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAPLAN, KENNETH M 2532 DUPONT DRIVE IRVINE, CA 92612 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that: my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Kenneth M. Kaplan, manager</i>			<i>Kenneth M. Kaplan</i> 4/27/06 949-852-0634		
SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Debra Phone #					

**COPY**

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT

5/1/2006-90058-016-\$50.00-\$50.00

<b>DOCUMENT # L05000053546</b> 1. Entity Name <b>JACKSONVILLE PROPERTY INVESTORS, LLC</b>			
Principal Place of Business ONE INDEPENDENT DRIVE, 24TH FLOOR JACKSONVILLE, FL 32203		Mailing Address 2532 DUPONT DRIVE IRVINE, CA 92612	
2. Principal Place of Business 60 Ocean Blvd..		3. Mailing Address	
Suite, Apt. #, etc. Suite 15		Suite, Apt. #, etc.	
City & State Atlantic Beach, FL		City & State	
Zip 32233	Country USA	Zip	Country
6. Name and Address of Current Registered Agent  COE, BRAD ONE INDEPENDENT DRIVE, 24TH FLOOR JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Coe, Brad Street Address (P.O. Box Number is Not Acceptable) 60 Ocean Blvd., Suite 15 City Atlantic Beach FL Zip Code 32233	
4. FEI Number 83-0444456			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
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SIGNATURE: <i>Kenneth M. Kaplan, manager</i>		Date: 4/27/06 949-852-0634	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

30010077



01172006 Chg-LLC CR2E083 (11/05)

Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Name  
Coe, Brad  
Street Address (P.O. Box Number is Not Acceptable)  
60 Ocean Blvd., Suite 15  
City  
Atlantic Beach FL Zip Code  
32233

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Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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SIGNATURE: *Kenneth M. Kaplan, manager* Date: 4/27/06 949-852-0634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

# ATTACHMENT

KENNETH M. KAPLAN  
ATTORNEY AT LAW  
2532 DUPONT DRIVE  
IRVINE, CALIFORNIA 92612  
EMAIL: kmkaplan2@aol.com

FACSIMILE: (949) 252-2815

TELEPHONE: (949) 852-5895

June 5, 2006

Florida Division of Corporations  
Post Office Box 6478  
Tallahassee, FL 32314

30010077  
# 105000053596

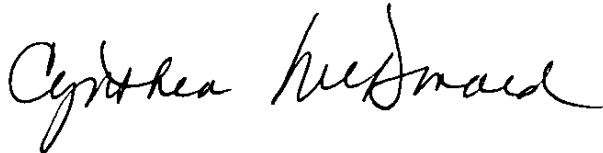
Re: Jacksonville Property Investors, LLC

Ladies and Gentlemen:

Enclosed for filing in the Offices of the Florida Division of Corporations is a corrected 2006 Limited Liability Company Annual Report for Jacksonville Property Investors, LLC. Also enclosed is a copy of the corrected Annual Report. Please endorse file the copy of the Annual Report and return it to me in the self-address stamped envelope which as been provided for your convenience.

If you have any questions, please contact me immediately.

Very truly yours,



Cynthia McDonald  
Assistant to Kenneth M. Kaplan

\cm

Enclosures