

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 05, 2006 8:00 am**  
**Secretary of State**

07-05-2006 90104 026 \*\*\*\*50.00

<b>DOCUMENT # L05000064526</b>					
<b>1. Entity Name</b> LIBRA COURT, LLC					
<b>Principal Place of Business</b> 3643 HILLIARD RD JACKSONVILLE, FL 32217			<b>Mailing Address</b> 3643 HILLIARD RD JACKSONVILLE, FL 32217		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 20-3055513	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  EISENSTEIN, CHYRL 3643 HILLIARD RD JACKSONVILLE, FL 32217			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			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>					
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$50.00 Due by September 6, 2006					
Make check payable to Florida Department of State					
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EISENSTEIN, THOMAS 3643 HILLIARD RD JACKSONVILLE, FL 32217				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EISENSTEIN, CHYRL 3643 HILLIARD RD JACKSONVILLE, FL 32217				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete				
<b>10. ADDITIONS/CHANGES</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition				
<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> <u>Chyrl Eisenstein</u> 7/1/06 333-5049					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					