



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90020 004 \*\*\*\*50.00

<b>DOCUMENT # L05000085953</b> 1. Entity Name <b>PIER POINT 508, LLC</b>					
Principal Place of Business <b>580 ATLANTIC BOULEVARD NEPTUNE BEACH, FL 32266</b>				Mailing Address <b>580 ATLANTIC BOULEVARD NEPTUNE BEACH, FL 32266</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		04242006    Chg-LLC    CR2E083 (11/05)	
City & State		City & State		4. FEI Number <b>20-345 0562</b>	
Zip      Country		Zip      Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AHERN, FRED L JR. 2215 SOUTH THIRD STREET SUITE 101 JACKSONVILLE BEACH, FL 32250</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>PROCTOR, STEPHEN P</b> <b>580 ATLANTIC BOULEVARD</b> <b>NEPTUNE BEACH, FL 32266</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>member</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>member</b> <b>Proctor, Jack F.</b> <b>4495 Goldcrest Lane</b> <b>Jax, FL 32224</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>member</b> <b>Proctor, Betty Lee</b> <b>4495 Goldcrest Lane</b> <b>Jax, FL 32224</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Proctor, Joseph F.</b> <b>member</b> <b>1344 Pinewood Rd.</b> <b>Jax Beach, FL 32250</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Member</b> <b>Proctor, Elizabeth W.</b> <b>1012 Buddy Crowl Lane</b> <b>Neptune Beach, FL 32266</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Member</b> <b>Averett, Christine</b> <b>2529 Newport Ave</b> <b>Cardiff by the Sea, CA 92007</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>SIGNATURE:</b> 				<b>04-24-06 (904) 249-0179</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date      Daytime Phone #	