2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-06-2006 90205 050 ****50.00

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1st MOORE CR2E083 (10/05)

DOCUMENT # L05000097043

1. Entity Name

ARGYLE 210, L.L.C.

Principal Place of Business	Mailing Address
8638 PHILLIPS HIGHWAY STE 3 JACKSONVILLE FL 32256	PO BOX 551260 JACKSONVILLE FL 32255

2. Principal Place of Business	3. Mailing Address
	8638 Philips Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste 3
City & State	City & State Jacksonville, FL
Zip / Country	Zip 32256 / Country USA

4. FEI Number 203-58-2528 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANSBACHER & SCHNEIDER, P.A.
5150 BELFORT ROAD BLDG 100
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name Michael Donzeger
Street Address (P.O. Box Number is Not Acceptable) 8638 Phillips Hwy Suite 3
City Jacksonville FL Zip Code 32256

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 [signature] 2/21/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Michael J. Donzeger 8638 Philips Hwy #3 Jacksonville, FL 32256 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 2/21/06 904-367-8620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #