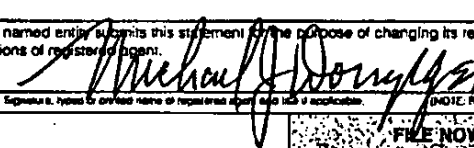
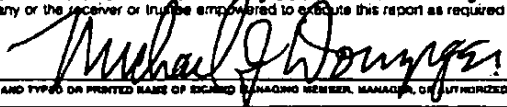


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (A3)

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

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

DOCUMENT # L05000097043			
1. Entity Name ARGYLE 210, L.L.C.			
Principal Place of Business 8638 PHILLIPS HIGHWAY STE 3 JACKSONVILLE FL 32256		Mailing Address PO BOX 551260 JACKSONVILLE FL 32255	
2. Principal Place of Business		3. Mailing Address 8638 Philips Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 3	
City & State		City & State Jacksonville, FL	
Zip	Country	Zip	Country
32256	USA	32256	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 Donziger Street Address (P.O. Box Number is Not Acceptable): 8638 Philips 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:  DATE: 2/21/06 (NOTE: Registered Agent signature required when renewing)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006			
8. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:  DATE: 2/21/06 904-367-8620 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			