

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90062 013 \*\*\*\*50.00

<b>DOCUMENT # L05000105647</b> 1. Entity Name <b>DADE STREET DEVELOPMENT, LLC</b>					
Principal Place of Business <b>9428 BAYMEADOWS ROAD SUITE 120 JACKSONVILLE, FL 32256</b>			Mailing Address <b>9428 BAYMEADOWS ROAD SUITE 120 JACKSONVILLE, FL 32256</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P. O. Box 706</b>  Suite, Apt. #, etc.			
City & State  City: <b>Fernandina Beach, FL</b>		4. FEI Number <b>03292006 Chg:LLC CR2E083 (11/05)</b>			
Zip <b>32035</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCCRANIE, CHRISTOPHER J 9428 BAYMEADOWS ROAD 120 JACKSONVILLE, FL 32256</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 re-appointing) 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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>MOCK, WILLIAM J</b> <b>9428 BAYMEADOWS ROAD, SUITE 120</b> <b>JACKSONVILLE, FL 32256</b> <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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>3/30/06 904 261 8822</b> <small>Date Daytime Phone #</small>		