

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # L05000109827

1. Entity Name
DICKINSON 5143 UNIVERSITY, LLC



Principal Place of Business

**C/O WALTER D. DICKSON
ONE INDEPENDENT DRIVE, SUITE 2401
JACKSONVILLE, FL 32202**

Mailing Address

**C/O WALTER D. DICKSON
ONE INDEPENDENT DRIVE, SUITE 2401
JACKSONVILLE, FL 32202**



03142007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DICKINSON, WALTER D
ONE INDEPENDENT DRIVE, SUITE 2401
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR DICKINSON, WALTER D ONE INDEPENDENT DRIVE, SUITE 2401 JACKSONVILLE, FL 32202 |
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04/16/07-80056-011 50.00

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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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04/02/07 (904) 358-1206
Date Daytime Phone #