


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000118112</b> 1. Entity Name 1515A RIVERSIDE AVENUE, LLC	
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Principal Place of Business 1515 RIVERSIDE AVENUE, SUITE A JACKSONVILLE, FL 32204	Mailing Address 1515 RIVERSIDE AVENUE, SUITE A JACKSONVILLE, FL 32204
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**DO NOT WRITE IN THIS SPACE**

01112007 No Chg-LLC CR2E083 (11/05)

4. FCI Number 59-2056064	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

FRAZIER, W. ROBINSON  
1515 RIVERSIDE AVENUE, SUITE A  
JACKSONVILLE, FL 32204

**DO NOT WRITE  
IN THIS SPACE**

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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRAZIER, W. ROBINSON 1515 RIVERSIDE AVE STE A JACKSONVILLE, FL 32204
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01/16/07-80042-015 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:** 

1-12-07 904-353-5616

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

Date

Daytime Phone #