

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90120 025 \*\*\*\*50.00

**DOCUMENT # L05000121869**

1. Entity Name

WORTH DRIVE INVESTORS, LLC



Principal Place of Business

C/O JAY STEIN  
1200 RIVERPLACE BLVD., 10TH FLOOR  
JACKSONVILLE, FL 32207 US

Mailing Address

C/O JAY STEIN  
1200 RIVERPLACE BLVD., 10TH FLOOR  
JACKSONVILLE, FL 32207 US

**DO NOT WRITE IN THIS SPACE**



03052007No Chg-LLC

CR2E083 (11/05)

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

LEGLER, MITCHELL W  
300A WHARFSIDE WAY  
JACKSONVILLE, FL 32207

**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	MGRM
NAME	STEIN, JAY
STREET ADDRESS	1200 RIVERPLACE BLVD., 10TH FLOOR
CITY-ST-ZIP	JACKSONVILLE, FL 32207

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IN THIS SPACE**

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:** *JS*

Jay Stein

*3/9/07*

904-739-1311

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

Date

Daytime Phone #