
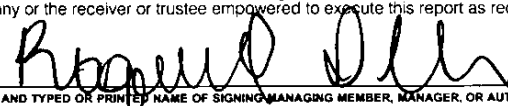


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90193 042 ****50.00

DOCUMENT # L06000017819 1. Entity Name 3801 WHITEHALL STREET, LLC					
Principal Place of Business 3801 WHITEHALL STREET JACSONVILLE, FL 32206			Mailing Address 3801 WHITEHALL STREET JACSONVILLE, FL 32206		
2. Principal Place of Business - No P.O. Box # 3801 Whitehall St.		3. Mailing Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jax, FL 32206		City & State		4. FEI Number 202698692	
Zip 32206		Country Dural		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SERRANO, VINCENT 3801 WHITEHALL STREET JACSONVILLE, FL 32206				7. Name and Address of New Registered Agent Name: Frazier, W. Robinson Street Address (P.O. Box Number is Not Acceptable): 1515 Riverside Ave Suite A City: Jax, FL Zip Code: 32204	
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: Frazier, W. Robinson DATE: 2-14-07 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRSI Raguel Illingworth 3801 Whitehall St Jax, FL 32206		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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.					
SIGNATURE: 			2/16/07 475-0008		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

60016354



02142007 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name: Frazier, W. Robinson

Street Address (P.O. Box Number is Not Acceptable): 1515 Riverside Ave

Suite A

City: Jax, FL Zip Code: 32204

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DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE
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STREET ADDRESS
CITY-ST-ZIP

PRSI
Raguel Illingworth
3801 Whitehall St
Jax, FL 32206

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10. ADDITIONS / CHANGES

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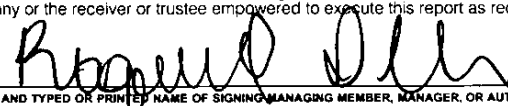
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SIGNATURE: 

2/16/07 475-0008

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

Date Daytime Phone #