## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 03, 2007 8:00 am Secretary of State

DOCUMENT # L06000036953  1. Entity Name 2263 ST. JOHN AVENUE, LLC					04-20-2007 90032 006 ****50.00				
Principal Place of Business  2245 ST. JOHNS AVENUE JACKSONVILLE, FL 32204  Mailing Address 2245 ST. JOHNS AVEN JACKSONVILLE, FL 32204					1 (1941) En an 1	J U V		761 <b>0 (816) 0</b> 1100 12	<b>19 E</b> ) lik 1 <b>0 E</b> 1
2. Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01222007	Chg-LLC	CR2E	83 (12/06)		
City & State		City & State		4. FEI Numbe	3032		<u> </u>	oplied For of Applicable	
Zip Country		Zip	Zip Country			of Status Desired		\$5.00 Add	ditional
	5. Name and Address of Currer	nt Registered Agent		<del></del>	7. Name and	Address of New R	ealstered		<del>-</del>
				Name					
SKINNER, RICHARD G III 2245 ST. JOHNS AVENUE JACKSONVILLE, FL 32204				Street Address	(P.O. Box Numbe	r is Not Acceptable	)		
				City		<u> </u>	FL	Zip Cod	8
8. The above the obligati	named entity submits this statement ions of registered agent.	for the purpose of changing its	registere	l ed office or registe	ered agent, or both	n, in the State of Flo		familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered age	ent and Stie if applicable. [NOT	E: Registere	d Agent algnature require	od when reinstating)		DATE		
. Fi	ling Fee is \$50.00					Make	o check p	ayable to	
Fi. Di	ling Fee is \$50.00 us by May 1, 2007						•	symble to ent of State	•
Fi. Da	ue by May 1, 2007	BERS/MANAGERS	10.				Departm	ent of State	•
Di	MANAGING MEMI	BERS/MÄNAGERS				Florida	Departm	ent of State	● Addition
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9. HITLE NAME STREET ADDRESS	MANAGING MEM Manager Richard G Ski	□ Delete nner III	10.	ET ADDRESS		Florida	Departm	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMI Manager Richard G Ski 2245 St. John	nner III s Avenue	10.	Ε		Florida	Departm	ent of State	
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limited liability company or the eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JULIAN J. STORE OF STRIPE MANE OF ADDRESS HAMAGING MANAGER MANAGER OF AUTHORIZED REPRESENTATI

4-12-07

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