

03-06-2007 90079 047 ****50.00

DOCUMENT # L06000072144 1. Entity Name LANE AVENUE BRIDGE, LLC				Secretary of State 03-06-2007 90079 047 ****50.00	
Principal Place of Business 11481 ST. AUGUSTINE ROAD, UNIT 202 JACKSONVILLE, FL 32258		Mailing Address 11481 ST. AUGUSTINE ROAD, UNIT 202 JACKSONVILLE, FL 32258			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02282007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 20-0110566 Applied For Not Applicable	
5. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HULSBERG, JEFFREY K. 11481 ST. AUGUSTINE ROAD, UNIT 202 JACKSONVILLE, FL 32258			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
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 D. JEFFREY K. HULSBERG 11481 ST. AUGUSTINE RD #202 JACKSONVILLE, FL 32258			TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition		
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: Y/17 2/22/07					