

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000041092

Entity Name: COTTAGE AVENUE, LLC

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4436 WOODMERE STREET  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

1545 SILVER ST  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

4436 WOODMERE STREET  
JACKSONVILLE, FL 32210

**New Mailing Address:**

1545 SILVER ST  
JACKSONVILLE, FL 32206

FEI Number: 26-2697691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GABREE, ALICIA  
4436 WOODMERE STREET  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

POLKEY, JAMES  
1545 SILVER ST  
JACKSONVILLE, FL 32296 US

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.

SIGNATURE: JAMES M POLKEY

02/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: POLKEY, JAMES M II  
Address: 1545 SILVER ST  
City-St-Zip: JACKSONVILLE, FL 32206

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES M POLKEY

MNGR

02/16/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date