


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90022 019 ****50.00

DOCUMENT # L98000000727 1. Entity Name ISABELLA BOULEVARD, L.C.																											
Principal Place of Business 1200 SHETTER AVE JACKSONVILLE BEACH, FL 32250		Mailing Address 1200 SHETTER AVE JACKSONVILLE BEACH, FL 32250																									
2. Principal Place of Business 484 OSCOLA AVE		3. Mailing Address P.O. Box 1426																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State Jacksonville Beach, FL		City & State Ponte Vedra Beach, FL																									
Zip 32250		Zip 32004																									
Country		Country																									
4. FEI Number 59-3515337		Applied For Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent BENNER, TIMOTHY J 1200 SHETTER AVE JACKSONVILLE BEACH, FL 32250		7. Name and Address of New Registered Agent 15 PONTE VEDRA C PONTE VEDRA Bch, FL 32082																									
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 <i>Tim Benner</i> DATE <i>4/25/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BENNER, TIMOTHY J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1200 SHETTER AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JACKSONVILLE BEACH, FL 32250</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	BENNER, TIMOTHY J		STREET ADDRESS	1200 SHETTER AVE		CITY - ST - ZIP	JACKSONVILLE BEACH, FL 32250		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">15 PONTE VEDRA C</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PONTE VEDRA Bch, FL 32082</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	15 PONTE VEDRA C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	PONTE VEDRA Bch, FL 32082		STREET ADDRESS			CITY - ST - ZIP		
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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: <i>Tim Benner</i> <i>MANAGING MGR</i> <i>4/25/06</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																											