

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000000279
 1. Entity Name
 1200 SHETTER AVENUE, L.C.



Principal Place of Business Mailing Address
 1200 SHELTER AVE 1200 SHELTER AVE
 JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250



DO NOT WRITE IN THIS SPACE

02042005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3550122	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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENNER, TIMOTHY J 1200 SHETTER AVE JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIRSCHMAN, ARTHUR 1200 SHETTER AVE. JACKSONVILLE BEACH, FL 32250
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: 4/1/05 Daytime Phone #: 904-273-1177