

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90371 030 ****50.00

60038845



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

Principal Place of Business 1200 SHELTER AVE JACKSONVILLE BEACH, FL 32250	Mailing Address POB 2766 PONTE VEDRA BEACH, FL 32004
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2. Principal Place of Business - No P.O. Box # 1160 SHETTER AVE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville Beach FL	City & State
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Zip 32250	Country USA	Zip	Country
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02132007 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3550122	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

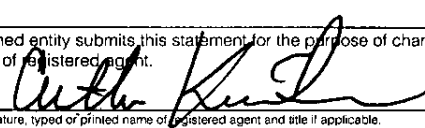
6. Name and Address of Current Registered Agent

BENNER, TIMOTHY J
1200 SHETTER AVE
JACKSONVILLE BEACH, FL 32250

7. Name and Address of New Registered Agent

Name Arthur Kirschman
Street Address (P.O. Box Number is Not Acceptable) 1160 SHETTER AVE
City Jacksonville Beach, FL
City Jacksonville Beach FL Zip Code 32250

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  (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENNER, TIMOTHY J 1200 SHETTER AVE JACKSONVILLE BEACH, FL 32250	☒ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIRSCHMAN, ARTHUR 1200 SHETTER AVE. JACKSONVILLE BEACH, FL 32250	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARTHUR KIRSCHMAN P.O. Box 1395 PONTE VEDRA BEACH, FL 32004	☒ Change ☐ Addition
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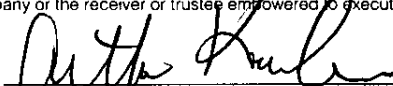
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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:  MANAGING MEMBER ARTHUR KIRSCHMAN 4/18/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #