2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90371 030 ****50.00

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02132007 Chg-LLC CR2E083 (12/06)

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1. Entity Name
1200 SHETTER AVENUE, L.C.

Principal Place of Business	Mailing Address
1200 SHELTER AVE JACKSONVILLE BEACH, FL 32250	POB 2766 PONTE VEDRA BEACH, FL 32004

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1160 SHETTER AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville Beach FL	City & State
Zip: 32250 Country	Zip / Country

4. FEI Number: 59-3550122 ☐ Applied For ☐ Not Applicable

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
~~Jacksonville Bch, FL~~
City: Jacksonville Bch 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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (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			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BENNER, TIMOTHY J 1200 SHETTER AVE JACKSONVILLE BEACH, FL 32250	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KIRSCHMAN, ARTHUR 1200 SHETTER AVE. JACKSONVILLE BEACH, FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Arthur Kirschman P.O. Box 1395 Ponte Vedra Bch, FL 32004	☒ 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
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

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: [signature] Managing mbr Arthur Kirschman 4/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #