

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2006 90022 014 ****50.00

20038437



04132006 Chg-LLC CR2E083 (11/05)

4. FEI Number **59-3560656** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
Name **ARTHUR KIRSCHMAN**
Street Address (P.O. Box Number is Not Acceptable) **629 PALMERA DE E**
City **PONTE VEDRA BCH** FL Zip Code **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 **Arthur Kirschman** MANAGING MEMBER DATE **4/25/06**

Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRSCHMAN, ARTHUR 1200 SHETTER AVE JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 629 PALMERA DE E PONTE VEDRA BCH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENNER, TIM 1200 SHETTER AVE JACKSONVILLE BEACH, FL 32250 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Arthur Kirschman** MANAGING MEMBER DATE **4/25/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

DOCUMENT # L99000001276
1. Entity Name
FIRST COAST INVESTMENT REALTY, L.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
1185 SHETTER AVE
Suite, Apt. #, etc.
3. Mailing Address
P.O. BOX 2766
Suite, Apt. #, etc.

City & State
JACKSONVILLE BCH, FL
Zip **32250** Country
City & State
PONTE VEDRA, FL
Zip **32084** Country

6. Name and Address of Current Registered Agent
BENNER, TIMOTHY
1200 SHETTER AVE
JACKSONVILLE BEACH, FL 32250

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