


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90036 007 ****50.00

DOCUMENT # L99000002041 1. Entity Name TEN BROECK JACKSONVILLE, LLC					
Principal Place of Business 603 MAIN STREET WINDERMERE, FL 34786			Mailing Address 603 MAIN STREET WINDERMERE, FL 34786		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address P.O. Box 1100 Suite, Apt. #, etc. City & State Windermere, FL Zip 34786-1100			
4. FEI Number 59-3568978		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BARKMAN, KEVIN 603 MAIN STREET WINDERMERE, FL 34786-1100			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRG DIZNEY, DONALD R 603 MAIN STREET WINDERMERE, FL 34786	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRV ENGLISH, JAMES E 603 MAIN STREET WINDERMERE, FL 34786	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP DIZNEY, DAVID A 603 MAIN STREET WINDERMERE, FL 34786	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MPCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS BARKMAN, KEVIN 603 MAIN STREET WINDERMERE, FL 34786	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FEHR, STEPHEN 603 MAIN STREET WINDERMERE, FL 34786	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VRF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELEHUNT, JANINE 603 MAIN STREET WINDERMERE, FL 34786	<input checked="" 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: <i>Kevin Barkman</i> Kevin Barkman			4/10/06		407-876-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

40088594



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