2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L99000005563

1. Entity Name
ROUTE 19A, L.L.C.

Principal Place of Business	Mailing Address
500 S. FLORIDA AVE LAKELAND, FL 33801	P.O. BOX 5252 LAKELAND, FL 33807

DO NOT WRITE IN THIS SPACE

04282006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☒	$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOCHIS, GEORGE J
500 S. FLORIDA AVE
LAKELAND, FL 33801

DO NOT WRITE
IN THIS SPACE

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, 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, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ROUTE 19A NORTH JOINT VENTURE
STREET ADDRESS	500 S FLORIDA AVE #700
CITY-ST-ZIP	LAKELAND, FL 33801

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000548414
05/12/06-30062-020 55.00

DO NOT WRITE
IN THIS SPACE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _Kim S Kelley_   4/28/06   863-647-1581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

Kim S Kelley