

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

May 10, 2006 08:00 A
Secretary of State

DOCUMENT # M01000000395

1. Entity Name
**JACKSONVILLE REGENCY REAL ESTATE ASSOCIATES,
LLC**



Principal Place of Business
**501 WASHINGTON AVENUE
PLEASANTVILLE, NY 10570**

Mailing Address
**501 WASHINGTON AVENUE
PLEASANTVILLE, NY 10570**



05092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4157675

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301**

**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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PAPRIN, YALE I
501 WASHINGTON AVENUE
PLEASANTVILLE, NY 10570**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SHENDELL, LEONARD
42 MAIN STREET
NEW ROCHELLE, NY 10801**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/20/06-80133-002 50.00

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

Date

Daytime Phone #

DAVID P. GOULD

5/9/2006

914-769-7600