

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

APPROVED
AND
FILED

06 MAR -2 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature



02202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
68-0593490

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 SCHILLER, ROBERT R
STREET ADDRESS 13386 INTERNATIONAL PARKWAY
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE MGRV
NAME HEIAR, GLENN
STREET ADDRESS 13386 INTERNATIONAL PARKWAY
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE VS
NAME KATZ, GLENN
STREET ADDRESS 13386 INTERNATIONAL PARKWAY
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE PTAS
NAME BARATELLI, PHIL
STREET ADDRESS 13386 INTERNATIONAL PARKWAY
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500067449455
03/09/06--01017--002 **850.00

**DO NOT WRITE
IN THIS SPACE**

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

Vice President/Assistant Secretary 02/21/2006

Date

Daytime Phone #