2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCU 1. Entity Nan 1621 VEN				Apr 30, 2005 08:00 AM Secretary of State							
ONE SAN J	ce of Business OSE PLACE VILLE FL 3229	57	Mailing Address ONE SAN JOSE PLACE SE 7 JACKSONVILLE FL 32257			-	ı		Blif Briff 18lif fi	FFE ((0) 0 0) (1 0 0 0)	fi t en lun
2. Principal F	Place of Busine	ess	3. Mailing Address			ĺ					
Suite, Apt #, etc.			Suite, Apt. #, etc.	<u> }</u>			1st MOORE	CR2E	083 (10/04)		
City & Stai	te		City & State			4. FEI Nun	nber 59-36325	77)	plied For t Applicab!	
Zip		Country	Zip	Cour			5. Certificate of Status De			\$5.00 Add Fee Required	itional
	6. Name a	and Address of Current	Registered Agent		None		7. Name a	nd Address of New	/ Registere	d Agent	·
SMITH, V. HAWLEY JR. ONE SAN JOSE PL. #7 JACKSONVILLE FL 32257					Name Street Addr	ress (P	O. Box Nur	nber is Not Accepta	ble)	<u>-</u>	
					City				F	L Zip Code	•
	named entity tlons of registe		or the purpose of changing it	s register	ed office or reg	gistere	ed agent, or	both, in the State of	Florida, I a	m familiar with,	and accept
SIGNATURE	Signature, typed o	r printed name of registered agent	and title if applicable (NO	TE Registere	ed Agent signature re	equired w	when reinstating)	<u> </u>	DATE	· · · · · · · · · · · · · · · · · · ·	·
	·····		FILE N	lOW!!!	FEE IS \$50.	.00					—·
			Make Check Payal		-	tmen	t of State				
		MANAGING MEMBE			ay 1, 2005	<u></u>	***************************************	ADDITION	IS/CHANGI		·
9. 111LE	Р	MANAGING MEMBE	Delete	. 10.				ADDITION	IS/ CHAINGI	☐ Change	Additio
NAME	STOKES, E. CHESTER JR.		AN		AE						
STREET ADDRESS CHY-ST-ZIP	1	O OAKS CT., STE 1 ILLE FL 32224		- 1	EET ADDRESS (-ST-ZIP						
TOTLE	vs		☐ Delete	Jiil	F		·			☐ Change	Additlor
name Street address	SMITH, V. F ONE SAN J	IAWLEY JR.		NAN Séri	KE EET ADDRESS			U000003 05/02/05-4	350058 20002-0	194 EU UU	5.50
CITY-ST-7IP		ILLE FL 32257			r-st-zip			001 027 00 1	20000-L	, 	
THLE			☐ Delete	TITE	Į.			_		☐ Change	Addition
NAME STREET ADDRESS				NAN STR	EFT ADDRESS						
CITY ST-ZIP					r-ST-ZIP						. 4.
TITLE			☐ Delete	TITL						☐ Change	Addition Addition
name Street address				NAN SIR	EET ADDRESS						
City-SI-ZIP	_				'-SI-7IP						
THEE			☐ Delete	IHL						Change	Addition Addition
NAME STREET ADDRESS				NAM StPl	FET ADDRESS						
CHY-SI-ZIP					-SI-ZIP						
Ditt			☐ Delete	UIL						☐ Change	Addition
NAME CIOCCI ANDDESS				NAN STO	E I ANDRESS						
STREET ADDRESS CITY-ST-ZIP	 .		•		SELFATIONESS SELFATIONESS						
	certify that the	information supplied with	n this filing does not qualify for that my signature shall have			in Sec	tion 119.07(3)(i), Florida Statute	s I further c	ertify that the in	formation
Indicated limited lia	i on this report ability company	is true and accurate and or the receiver or trusted	i that my signature shall have e empowered to execute this	∍ uie sam s report a	e required by C	is ii ma Chapte	aue unger og et 608, Floric	aur, mar i am a mar la Statutes.	ன்றா ற் யக்ய	het of tuatrage	OI IIIB

ED NAME OF FINNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

904-268-9990

Daylime Phone #