


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000003528 1. Entity Name 1621 VENTURE II, LLC	
--	---

Principal Place of Business ONE SAN JOSE PLACE SUITE 7 JACKSONVILLE FL 32256	Mailing Address ONE SAN JOSE PLACE SUITE 7 JACKSONVILLE FL 32256
--	--



1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country

4. FEI Number 59-3635045	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
---------------------------------	---

6. Name and Address of Current Registered Agent SMITH, V. HAWLEY JR. ONE SAN JOSE PL. #7 JACKSONVILLE FL 32257	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 _____	DATE _____
-----------------	------------

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	P STOKES, E. CHESTER JR.	TITLE	
NAME	4315 PABLO OAKS ST 1	NAME	
STREET ADDRESS	JACKSONVILLE FL 32257	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	VS SMITH, V. HAWLEY JR.	TITLE	
NAME	ONE SAN JOSE PL. #7	NAME	
STREET ADDRESS	JACKSONVILLE FL 32257	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add

L00000350058
05/02/05-80088-023 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>V. Hawley Smith Jr.</i>	Date: 4-27-05	Daytime Phone #: 904-268-9999
---------------------------------------	---------------	-------------------------------