


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000006961
 1. Entity Name
 719 EAST UNION STREET, L.L.C.



Principal Place of Business Mailing Address
 300 EAST STATE STREET 300 EAST STATE STREET
 JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE



02102005No Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0582566	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 DUSS, JOHN S IV ESQ.
 JETER, BOWLUS, DUSS, MORGAN, KENNEY & SAFE
 10110 SAN JOSE BLVD.
 JACKSONVILLE, FL 32257

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EASTON, SAMUEL M. JR. 300 EAST STATE STREET JACKSONVILLE, FL 32202
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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:  11 Feb 05

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