2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 22, 2004 8:00 am Secretary of State

DOCUMENT # L02000014407 1. Entity Name THE WESTSIDE FIVE, LLC						04-22-2004 90359 024 ****50.00				
Principal Place of Business 6215 WILSON BOULEVARD JACKSONVILLE, FL 32210		Mailing Address PO BOX 441149 JACKSONVILLE, FL 32222-0012				2405	1644			
					 	JENA KAN ERUN ARIH RE				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04202004	Chg-LLC	CR2E08	3 (10/03)		
City & State		City & State		4. FEI Numbe				plied For t Applicable		
Zip	Country	Zip	Coun	itry		of Status Desired		5.00 Add	litional	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New F				
65.44.WE				Name						
BRANNEN, WILLIAM M 6215 WILSON BOULEVARD JACKSONVILLE, FL 32210		- 3		Street Addre	ess (P.O. Box Numbe	s (P.O. Box Number is Not Acceptable)				
				City				Zip Code		
			 	L	 		FL	<u> </u>		
	named entity submits this statement i ions of registered agent.	for the purpose of changing	its registeri	ea office or regi	ustered agent, or bot	n, in the State of Hi	orida. Tam te	imiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered ager	st and title if applicable. (No	OTE: Registere	ed Agent signature req	quired when reinstating)		DATE			
. Fi	Signature, typed or printed name of registered ager illing Fee is \$50.00 ue by May 1, 2004	at and title if applicable. (N	OTE: Registere	rd Agent signature req	quired when reinstating)		DATE ke check pa a Departme			
. Fi	iling Fee is \$50.00		OTE: Registere		quired when reinstating)	Florid	ke check pa		3	
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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)(i). 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