


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # **L02000018774**

1. Entity Name
6075 U.S. HWY NO. 1 NORTH, LLC



Principal Place of Business 1515 RIVERSIDE AVENUE STE. A JACKSONVILLE, FL 32204	Mailing Address 1515 RIVERSIDE AVENUE STE. A JACKSONVILLE, FL 32204
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 52-2380648	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

**FRAZIER, W. ROBINSON
 1515 RIVERSIDE AVENUE STE. A
 JACKSONVILLE, FL 32204**

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
 Due by May 1, 2004**

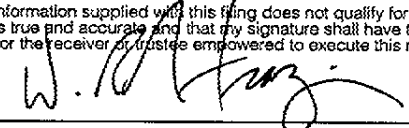
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FRAZIER, W. ROBINSON 1515 RIVERSIDE AVE STE A JACKSONVILLE, FL 32204
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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:  **1-12-04 (904) 353-5616**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE **W. Robinson Frazier** Daytime Phone #