2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000018894

1. Entity Name
1661 MCDUFF AVENUE NORTH, 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

02102005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
01-0741087	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DUSS, JOHN S IV, ESQ
C/O FORD, JETER, BOWLUS, DUSS, MORGAN, KEN
10110 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32257

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	EASTON, SAMUEL
STREET ADDRESS	300 E STATE ST
CITY-ST-ZIP	JACKSONVILLE, FL 32202

U00000233546
02/17/05-80044-022 50.00

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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: _____   11 Feb 05

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