2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008228

Entity Name: DRIVER, MCAFEE & GRIGGS, P.L.

ONE INDEPENDENT DRIVE, SUITE 1200

City-St-Zip: JACKSONVILLE, FL 32202 US

Address:

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
SUITE 120						
JACKSON	IVILLE, FL 3220)2 US				
Current Mailing Address:				New Mailing Address:		
SUITE 120	EPENDENT DR 00 IVILLE, FL 3220					
FEI Number	: 16-1656248	FEI Number A	Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and	d Address of C	urrent Regis	tered Agent:	Name and Addr	ess of New Registered Agent:	
ONE INDE SUITE 120 JACKSON The above in the State	WILLE, FL 3220 e named entity s e of Florida.	VE 02 US	,	purpose of changing its regi	stered office or registered agent, or both	
SIGNATURE: Electronic Signature of Registered Age				ent Date		
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR () DRIVER, G. RAY ONE INDEPEND JACKSONVILLE	ENT DRIVE, SU	IITE 1200	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () MCAFEE, MATTI ONE INDEPEND JACKSONVILLE	ENT DRIVE, SU	ITE 1200	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGR () GRIGGS, GWEN	Delete I H		Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: G. RAY DRIVER, JR. MGR 04/28/2006