


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000012644 1. Entity Name 2055 COLLEGE STREET LLC	
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Principal Place of Business 1710 CHALLEN AVE. JACKSONVILLE, FL 32205	Mailing Address 2055 COLLEGE ST. PO BOX 17441 JACKSONVILLE, FL 32245-7441
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**DO NOT WRITE IN THIS SPACE**



01072005No Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2352475	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MCCLARY, GLEN ESQ.  
1710 CHALLEN AVE.  
JACKSONVILLE, FL 32205

**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 \_\_\_\_\_ (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	MGR MCCLARY, GLEN 1710 CHALLEN AVE. JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BROWN, CHRIS 1710 CHALLEN AVE. JACKSONVILLE, FL 32205
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01/12/05-80010-017 50.00

**DO NOT WRITE IN THIS SPACE**

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: George McClary - GEORGE MCCLARY 1/10/05 (904) 729-5301

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