


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90150 009 \*\*\*\*50.00

<b>DOCUMENT # L03000037240</b>	
1. Entity Name 1703 W. TENNESSEE, LLC	

Principal Place of Business 45 WEST BAY STREET, SUITE 203 JACKSONVILLE, FL 32202	Mailing Address 45 WEST BAY STREET, SUITE 203 JACKSONVILLE, FL 32202
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24064406



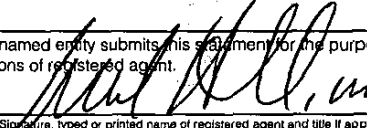
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01142004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0543771	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CURLEY, CHARLES R JR, ESQ 1301 RIVERPLACE BOULEVARD, SUITE 1500 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name: Leonard H. Grunthal III Street Address (P.O. Box Number is Not Acceptable) 45 West Bay Street, Suite 203 City: Jacksonville FL Zip Code: 32202	
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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:  Managing Member	DATE: 4-27-04
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING member <input type="checkbox"/> Delete MARC ANGELO 11303 San Jose Blvd., Bldg 300 JACKSONVILLE, FL 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member <input type="checkbox"/> Delete John R. Schultz, Jr. P.O. Box 1200 JACKSONVILLE FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member <input type="checkbox"/> Delete William F. Schuchth, Jr. 45 W. Bay Street, Suite 203 JACKSONVILLE, FL 32203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member <input type="checkbox"/> Delete Leonard H. Grunthal III 45 W. Bay Street, Suite 203 JACKSONVILLE FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  Managing member 04/27/04 (904) 356-1060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #