


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90105 045 ****50.00

DOCUMENT # L04000050978					
1. Entity Name 5 POINTS THEATRE BUILDING, LLC					
Principal Place of Business 2720 PARK STREET, SUITE 205 JACKSONVILLE, FL 32205			Mailing Address 2720 PARK STREET, SUITE 205 JACKSONVILLE, FL 32205		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 54-2157323	
				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			7. Name and Address of New Registered Agent		
F&L CORP ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202			Name <u>H. W. Shad, III</u> Street Address (P.O. Box Number is Not Acceptable) <u>2720 PARK ST</u> <u>SUITE 205</u> City <u>JACKSONVILLE</u> FL Zip Code <u>32205</u>		
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 <u>H.W. Shad, III</u>		(NOTE: Registered Agent signature required when reinstating)		DATE <u>2/20/05</u>	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
		MANAGING MEMBER H.W. SHAD, III 5031 YACHT CLUB RD JACKSONVILLE, FL 32210			
		MEMBER MGR H.W. SHAD, III 2828 OAK ST JACKSONVILLE, FL 32205			
		MGR JACK L. SHAD 2826 OAK ST JACKSONVILLE, FL 32205			
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<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: <u>H.W. Shad</u>		H.W. Shad		DATE <u>2/21/05</u> DAYTIME PHONE # <u>904-388-0600</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

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