


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90023 007 \*\*\*138.75

**DOCUMENT # L04000064142**

1. Entity Name  
**PENTAGON PROPERTIES, LLC**



Principal Place of Business  
**3740 BEACH BLVD., SUITE 300  
 JACKSONVILLE, FL 32207**

Mailing Address  
**3740 BEACH BLVD., SUITE 300  
 JACKSONVILLE, FL 32207**

**50005294**

2. Principal Place of Business - No P.O. Box #  
**1551 Atlantic Blvd.**

3. Mailing Address  
**P.O. Box 47050**

Suite, Apt. #, etc.  
**Suite 300**

Suite, Apt. #, etc.

City & State  
**Jacksonville, FL**

City & State  
**Jacksonville, FL**

Zip  
**32207**

Country

Zip  
**32247-7050**

Country



04172008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

**DEMETREE, J C JR.  
 3740 BEACH BLVD., SUITE 300  
 JACKSONVILLE, FL 32207**

4. FEI Number  
**59-2273383**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

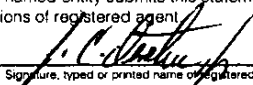
Name  
**Demetree, J. C. Jr.**

Street Address (P.O. Box Number is Not Acceptable)  
**1551 Atlantic Blvd., Suite 300**

City  
**Jacksonville**

FL Zip Code  
**32207**

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  DATE **4/28/08**


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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMETREE, JR, JACK C <input type="checkbox"/> Delete 3740 BEACH BLVD, SUITE 300 JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Demetree, Jr, Jack C. 1551 Atlantic Blvd, Suite 300 Jacksonville, FL 32207
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
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
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 exemptions contained in Chapter 119, 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:  DATE **4/28/08** DAYTIME PHONE # **(904) 398-7350**

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