


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90019 001 ****50.00

DOCUMENT # L04000073369

1. Entity Name
RETAIL CONDOS USA I, LLC



20029750

Principal Place of Business
11202 ST. JOHNS INDUSTRIAL PARKWAY SUITE #1 JACKSONVILLE, FL 32246

Mailing Address
11202 ST. JOHNS INDUSTRIAL PARKWAY SUITE #1 JACKSONVILLE, FL 32246



2. Principal Place of Business
3740 St. John's Bluff Rd

3. Mailing Address
3740 St. John's Bluff Rd

Suite, Apt. #, etc.
#16

Suite, Apt. #, etc.
#16

03092005 Chg-LLC CR2E083 (10/03)

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number Applied For
 Not Applicable

Zip Country
32224 USA

Zip Country
32224 USA

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

6. Name and Address of Current Registered Agent
**BLACKBURN & COMPANY, LC
 5150 BELFORT ROAD SOUTH
 BUILDING 500
 JACKSONVILLE, FL FL**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSHAW, LARRY E 11202 ST. JOHNS INDUSTRIAL PARKWAY JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgr Walshaw, Larry E. 3740 St. John's Bluff Rd #16 Jacksonville, FL 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRADY, JAMES G 11202 ST. JOHNS INDUSTRIAL PARKWAY JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgr Brady, James G. 3740 St. John's Bluff Rd #16 Jacksonville, FL 32224 <input checked="" 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 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: James Brady **James Brady, mgr.** 4/12/05 904-28-4099

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