


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000052916</b> 1. Entity Name 1225 WEST CHURCH STREET, L.L.C.	
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Principal Place of Business 300 EAST STATE STREET JACKSONVILLE, FL 32202	Mailing Address 300 EAST STATE STREET JACKSONVILLE, FL 32202
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**DO NOT WRITE IN THIS SPACE**

( L05000052916C )

01212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2971751	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

ANSBACHER & SCHNEIDER, P.A.  
5150 BELFORT ROAD  
BUILDING 100  
JACKSONVILLE, FL 32256

**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)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

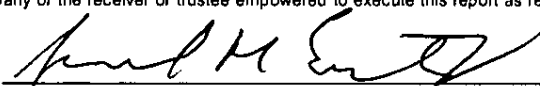
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM EASTON, SAMUEL 300 E. STATE JACKSONVILLE, FL 32202
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02/07/08-80037-013-138.75

**DO NOT WRITE  
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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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_