


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90449 035 ****50.00

DOCUMENT # L99000000279

1. Entity Name
 1200 SHETTER AVENUE, L.C.



Principal Place of Business
 2111 SAWGRASS VILLAGE DRIVE
 PONTE VEDRA BEACH, FL 32082

Mailing Address
 2111 SAWGRASS VILLAGE DRIVE
 PONTE VEDRA BEACH, FL 32082

24049666



2. Principal Place of Business
 1200 SHETTER AVE
 Suite, Apt. #, etc.

3. Mailing Address
 1200 SHETTER AVE
 Suite, Apt. #, etc.

03092004 Chg-LLC CR2E083 (10/03)

City & State
 JACKSONVILLE Bch, FL

City & State
 JACKSONVILLE Bch, FL

4. FEI Number
 59-3550122

Applied For
 Not Applicable

Zip Country
 32250 FL

Zip Country
 32250 FL

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

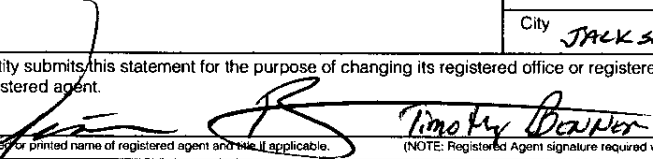
6. Name and Address of Current Registered Agent

BENNER, TIMOTHY J
 2111 SAWGRASS VILLAGE DRIVE
 PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

Name:
 Street Address (P.O. Box Number is Not Acceptable)
 1200 SHETTER AVE
 City JACKSONVILLE Bch FL Zip Code 32250

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  Timothy J. Benner DATE 4/19/04

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

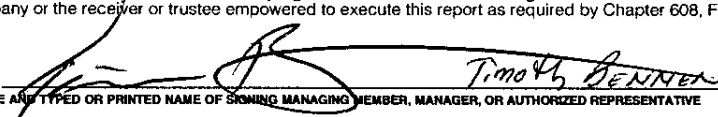
Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BENNER, TIMOTHY J 2111 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KIRSCHMAN, ARTHUR 1216 SALT CIRCLE ISLAND DRIVE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 SHETTER AVE JACKSONVILLE Bch, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 SHETTER AVE JACKSONVILLE Bch, FL 32250
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"/> Change <input type="checkbox"/> Addition
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:  Timothy J. Benner DATE 4/19/04 Daytime Phone # 904-273-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE