

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90045 002 ****50.00

DOCUMENT # L04000086440

1. Entity Name
629 BLANDING BLVD., LLC



Principal Place of Business
45 WEST BAY STREET
SUITE 203
JACKSONVILLE, FL 32202

Mailing Address
45 WEST BAY STREET
SUITE 203
JACKSONVILLE, FL 32202



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03302005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent
CURLEY, CHARLES R ESQ.
1301 RIVERPLACE BLVD.
SUITE 1500
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent
Name Leonard H. Grunthal III
Street Address (P.O. Box Number is Not Acceptable)
45 West Bay Street, Suite 203
City Jacksonville FL Zip Code 32202

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 Leonard H. Grunthal III DATE 04/19/05

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 | Manager Leonard H. Grunthal III 45 West Bay St., Suite 203 Jacksonville FL 32202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager William F. Schweth, Jr. 45 West Bay St., Suite 203 Jacksonville FL 32202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager Marc Angelo 11363 San Jose Blvd, Bldg 300 Jacksonville FL 32223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager John Schultz P.O. Box 1200 Jacksonville FL 32202 <input type="checkbox"/> Change <input checked="" 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: Leonard H. Grunthal III DATE 04/19/05 (904) 350-1060