2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State **DOCUMENT # L04000086440** ۷. 04-22-2005 90045 002 ****50.00 1. Entity Name 629 BLANDING BLVD., LLC Principal Place of Business Mailing Address **45 WEST BAY STREET 45 WEST BAY STREET** SUITE 203 SUITE 203 JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 2. Principal Place of Susiness 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 20-1933133 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Leonard-H-Grunthad-III CURLEY, CHARLES R ESQ. Street Address (P.O. Box Number is Not Acceptable) 1301 RIVERPLACE BLVD. **SUITE 1500** JACKSONVILLE, FL 32207 45 West Bay Street 203 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 eonard H. Grunthal III SIGNATURE yped or printed name of registered agent and title if applicable Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE ☐ Delete TITLE Manager Leonard H. Grunthal III ☐ Change **X** Addition NAME NAME 45 West Bay St., Shute 203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Jacksonville FL 32202 TITLE ☐ Delete TITLE manager ☐ Change Addition William F Schueth, Jr. NAME NAME 45 West Bay St., Shite BO3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32202 Manager Marc A Addition TITLE ☐ Delete TITLE Marc Angelo Narc Blvd, Bldg 300 11363 San Jose Blvd, Bldg 300 ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville FC 32223 manager John Schultz P.O. Bux 1200 TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS Jacksonville PL 32202 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 emplowered to execute this report as required by Chapter 608, Florida Statutes. Leonard H. Grunthal III 04/19/05 (904)356-1060 SIGNATURE OR PRINTED NAME OF SIGNING MANAGING SEPTEM MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Apr 22, 2005 8:00 am