

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90135 004 ***143.75

DOCUMENT # L07000053830

1. Entity Name
20 WEST ADAMS ST BLDG LLC



Principal Place of Business
20 WEST ADAMS STREET
JACKSONVILLE, FL 32206 US

Mailing Address
1725 OAKHURST AVENUE
JACKSONVILLE, FL 32206

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
P.O. BOX 40886

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
JACKSONVILLE FL

Zip

Country

Zip
32203-0886

Country

DUVAL

04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number

26-0217533

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANADY, CHRISTOPHER
1725 OAKHURST AVENUE
JACKSONVILLE, FL 32208

7. Name and Address of New Registered Agent

Name
MARION GRAHAM JR

Street Address (P.O. Box Number is Not Acceptable)

1725 OAKHURST AVENUE

City JACKSONVILLE

FL

Zip Code

32208

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

Marion Graham Jr

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-1-08

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GRAHAM, MARION JR
1725 OAKHURST AVE
JACKSONVILLE, FL 32208 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Marion Graham Jr

4-1-08

904-509-3350

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

Date

Daytime Phone #