2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000000713

1. Entity Name
2303 NORTH MARKET STREET, L.L.C.

Principal Place of Business	Mailing Address
300 EAST STATE STREET JACKSONVILLE, FL 32202	300 EAST STATE STREET JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

02102005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
59-3654347	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DUSS, JOHN S IV, ESQ
10110 SAN JOSE BLVD.
JACKSONVILLE, FL 32257
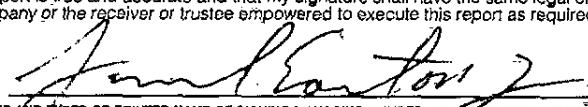
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	EASTON, SAMUEL M JR.
STREET ADDRESS	300 EAST STATE STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32202

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02/17/05-80042-014 50.00

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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: _____   11 Feb 05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #