


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90050 009 \*\*\*\*50.00

**DOCUMENT # L00000001711**

1. Entity Name  
**LANDRUM CAMBRIDGE, L.L.C.**



Principal Place of Business      Mailing Address

4143 SHERWOOD RD      PO BOX 7929  
 JACKSONVILLE, FL 32210      JACKSONVILLE, FL 32238

**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
 59-3629726      Not Applicable

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

6. Name and Address of Current Registered Agent

ANDREWS, JR., JAMES H  
 PO BOX 7929 4143 Sherwood Rd.  
 JACKSONVILLE, FL 32238

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and LLC if applicable. (NOTE: Registered Agent's signature required when reconstituted)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HENDRICKS, ROBERT H 2207 SAWGRASS VILLAGE DR. PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GITTINGS, ROBERT L 45 WEST BAY STREET, STE 203 JACKSONVILLE, FL 32201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANDREWS, JR., JAMES H PO BOX 7929 JACKSONVILLE, FL 32238
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 *James H. Andrews, Jr.*      4/12/04      904-387-5434  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #