

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90043 045 \*\*\*\*50.00

**DOCUMENT # L00000013945**

1. Entity Name  
**CBD PARKING, LLC**



Principal Place of Business <b>ONE INDEPENDENT DRIVE          STE 114          JACKSONVILLE, FL 32202</b>	Mailing Address <b>ONE INDEPENDENT DRIVE          STE 114          JACKSONVILLE, FL 32202</b>
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60041000



2. Principal Place of Business - No P.O. Box # <b>One Independent Drive</b> Suite, Apt. #, etc. <b>Suite 1850</b>	3. Mailing Address <b>One Independent Drive</b> Suite, Apt. #, etc. <b>Suite 1850</b>
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04242007 Chg-LLC CR2E083 (12/06)

City & State <b>Jacksonville, FL</b>	City & State <b>Jacksonville, FL</b>	4. FEI Number <b>65-1065941</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32202</b>	Country	Zip <b>32202</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>EVANS, WILLIAM G          ONE INDEPENDENT DR STE 114          JACKSONVILLE, FL 32202</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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.

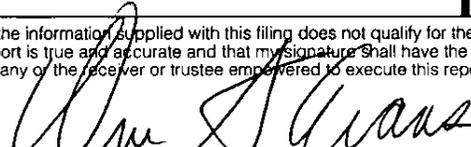
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00          Due by May 1, 2007</b>	<b>Make check payable to          Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE <b>MGRM</b>	<input type="checkbox"/> Delete
NAME <b>CBD PARKING MANAGER LLC</b>	
STREET ADDRESS <b>ONE INDEPENDENT DR STE 114</b>	
CITY-ST-ZIP <b>JACKSONVILLE, FL 32202</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>Ste 1850</b>	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**  Authorized Representative **4/24/07 (904) 356-1978**

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