


# 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

04 MAY 21 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NOTE

DOCUMENT # L00000016138	
1. Entity Name NORTH VILLAGE OFFICE ASSOCIATES, LLC	

Principal Place of Business 5500 NORTH VILLAGE STE 200 WEST PALM BEACH, FL 33407	Mailing Address 2442 METROCENTER BLVD WEST PALM BEACH, FL 33407
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 100 South Third Street Suite, Apt. #, etc.
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City & State	City & State Columbus, Ohio
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Zip	Country	Zip	Country
33407	USA	43215	USA



05102004 Chg-LLC CR2E083 (10/03)

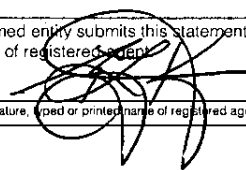
5/21

4. FEI Number 65-1063046	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  WHITE, JOHN II 1645 PALMBEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH, FL 33401
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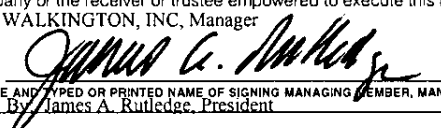
7. Name and Address of New Registered Agent Name DEBORAH L. KRINER Street Address (P.O. Box Number is Not Acceptable) 5500 VILLAGE BLVD., STE. 200 City WEST PALM BEACH FL Zip Code 33407
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8. The above named entity submits this statement for the purpose 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  DATE 5-10-04

Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASSET SPECIALISTS, INC 2442 METROCENTRE BLVD WEST PALM BEACH, FL 33407 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Walkington, Inc. 100 South Third Street Columbus, Ohio 43215 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800037839358 06/10/04--01008--024 **\$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
WALKINGTON, INC, Manager	
SIGNATURE: 	5-11-04 (614) 227-8830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE By: James A. Rutledge, President	Date Daytime Phone #