

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 06, 2005 8:00 am
Secretary of State

03-23-2005 90241 037 ****50.00

DOCUMENT # L01000002856 1. Entity Name FOI PROPERTIES, L.L.C.					
Principal Place of Business 8130 BAYBERRY ROAD JACKSONVILLE, FL 32256			Mailing Address 8130 BAYBERRY ROAD JACKSONVILLE, FL 32256		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. Certificate of Status Desired ☐ 59-3706902				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00				Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DEAL, BLAKE F III ESO BARTLETT & DEAL, P.A. 135 PROFESSIONAL DR., STE. 101 PONTE VEDRE BEACH, FL 32082			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reappointing.) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCULLY, CHRISTOPHER B 8130 BAYBERRY ROAD JACKSONVILLE, FL 32256 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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: <u>Chris B. Scully</u> SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: <u>2/14/05</u> Date		Daytime Phone #: <u>904-231-0863</u> Daytime Phone #