

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000004258

1. Entity Name
VAULT - I-295 II, LLC



Principal Place of Business
**7220 FINANCIAL WAY, SUITE 400
 JACKSONVILLE, FL 32256**

Mailing Address
**7220 FINANCIAL WAY, SUITE 400
 JACKSONVILLE, FL 32256**



01132006No Chg-LLC

CR2E083 (1/1/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 60-0000141	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, JOHN J
 7220 FINANCIAL WAY, SUITE 400
 JACKSONVILLE, FL 32256**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLEN, JOHN J 7220 FINANCIAL WAY, SUITE 400 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOOS, WILLIAM J 11234 SAN JOSE BLVD. JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENGLAND, JAMES E 14775 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THIMS, ROBERT E 14775 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, DOUGLAS C 14775 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTHEWS, N. HUGHS 14775 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258

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 03/17/06-80050-025 50.00

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 IN THIS SPACE**

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: *Laura Henry Allen* Date: 2/21/06 Daytime Phone #: 9042968004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE