APR. 29. 2004 11:39AM

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90126 012 ****55.00

DOCUMENT # L01000007251

1. Entity Name
NEPTUNE BEACH OFFICE CENTER, L.L.C.

Principal Place of Business	Mailing Address
1201 MONUMENT RD., STE. 300 JACKSONVILLE, FL 32211	1201 MONUMENT RD., STE. 300 JACKSONVILLE, FL 32211

2. Principal Place of Business	3. Mailing Address
700 3RD STREET	700 3RD STREET
Suite, Apt. #, etc. SUITE 301	Suite, Apt. #, etc. SUITE 301
City & State NEPTUNE BEACH	City & State NEPTUNE BEACH FL
Zip 32266 Country DUVAL	Zip 32266 Country DUVAL

04282004 Chg-LLC CR2E083 (10/03)

4. FEI Number
68-0499086

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GLAZIER & GLAZIER, P.A.
8825 PERIMETER PARK BLVD., STE. 504
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name JOHN ONDREJICKA MD

Street Address (P.O. Box Number is Not Acceptable)

700 3RD STREET, SUITE 301

City NEPTUNE BEACH FL Zip Code 32266

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 the obligations of registered agent.

SIGNATURE JOHN ONDREJICKA MGR 04/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MORRELL, ALVARO F 1201 MONUMENT RD., SUITE 300 JACKSONVILLE, FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BEARDSLEY, DALE A 4595 LEXINGTON AVE., SUITE 100 JACKSONVILLE, FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ONDREJICKA, JOHN M.D. 1750 SELVA MARINA DR ATLANTIC BEACH, FL 32233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MESSINESE, MARK M.D. 1795 MARSHSIDE DR JACKSONVILLE BEACH, FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change

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 605, Florida Statutes.

SIGNATURE: ONDREJICKA, JOHN MGR 4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CK # for 55.00