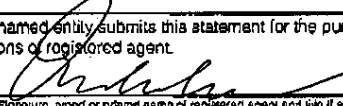
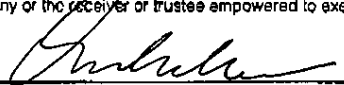


APR. 29. 2004 11:39AM

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 1201 MONUMENT RD., STE. 300 JACKSONVILLE, FL 32211			Mailing Address 1201 MONUMENT RD., STE. 300 JACKSONVILLE, FL 32211		
2. Principal Place of Business 700 3RD STREET			3. Mailing Address 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 FLORIDA		Zip 32266	
Country FLORIDA		4. FEI Number 68-0499086			
5. Certificate of Status Desired ☒ \$5.00 Add'l Fee Required				Chg-LLC CR2E083 (10/03)	
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 MGR 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		
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	MGR	☐ Delete	TITLE		☐ Change
NAME	MORRELL, ALVARO F		NAME		
STREET ADDRESS	1201 MONUMENT RD., SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32211		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change
NAME	BEARDSLEY, DALE A		NAME		
STREET ADDRESS	4595 LEXINGTON AVE., SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change
NAME	ONDREJICKA, JOHN M.D.		NAME		
STREET ADDRESS	1750 SELVA MARINA DR		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change
NAME	MESSINESE, MARK M.D.		NAME		
STREET ADDRESS	1795 MARSHSIDE DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 606, 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 5503