


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000007978</b>	
<b>1. Entity Name</b> FIRST FORTY, LLC	

<b>Principal Place of Business</b> ONE SAN JOSE PLACE, STE 7 JACKSONVILLE FL 32257	<b>Mailing Address</b> ONE SAN JOSE PLACE, STE 7 JACKSONVILLE FL 32257
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/04)

<b>4. FEI Number</b> 59-3722035	Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  DUNGEY, MARY L ONE SAN JOSE PLACE, STE 7 JACKSONVILLE FL 32257
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<b>7. Name and Address of New Registered Agent</b>	
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

<b>9. MANAGING MEMBERS/MANAGERS</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> DUNGEY, MARY L 12844 BAY PLANTATION DRIVE JACKSONVILLE FL 32223 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VST</b> BRAREN, MICHAEL E 3253 FIDDLERS HAMMOCK LANE PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

<b>10. ADDITIONS/CHANGES</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	U00000350061 <input type="checkbox"/> Change <input type="checkbox"/> Add 05/02/05-80088-025 50.00
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

**11.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:** M. Dungey **4-22-05** **904-268-9990**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **Date** **Daytime Phone #**