

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 01, 2005 8:00 am**  
**Secretary of State**

08-01-2005 90092 034 \*\*\*\*50.00

**20065817**



07072005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-3648158</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DO NOT WRITE  
IN THIS SPACE**

CROSBY, WILLIAM M DR  
2800 UNIVERSITY BLVD., N  
JACKSONVILLE, FL 32211

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.

Dr. William M. Crosby, Vice President,  
Finance and Administration, C.F.O.

SIGNATURE William M. Crosby  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 7/11/05

**Filing Fee is \$50.00  
Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	JACKSONVILLE UNIVERSITY
STREET ADDRESS	2800 UNIVERSITY BLVD, NORTH
CITY-ST-ZIP	JACKSONVILLE, FL 32211

TITLE	
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STREET ADDRESS	
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CITY-ST-ZIP	

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IN THIS SPACE**

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:**

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

Date 7/12/05 Daytime Phone #

904-256-7016

Dr. Kerry D. Romesburg, as authorized representative and  
President, Jacksonville University