

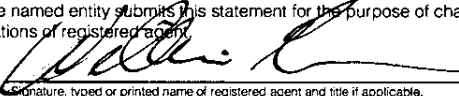
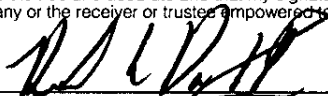


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90015 023 ****50.00

DOCUMENT # L01000010774 1. Entity Name NORTH FLORIDA REAL ESTATE INVESTMENT LLC					
Principal Place of Business 316 WILLIAMS ST TALLAHASSEE, FL 32303			Mailing Address P.O. BOX 3459 TALLAHASSEE, FL 32315-3439		
2. Principal Place of Business 5995 Colonel Scott Dr. Suite, Apt. #, etc.		3. Mailing Address 5995 Colonel Scott Dr. Suite, Apt. #, etc.			
City & State Tallahassee, FL		City & State Tallahassee, FL		4. FEI Number 59-3733314	
Zip 32309		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GREEN, WILLIAM C 2954 FOXCROFT DR TALLAHASSEE, FL 32309		7. Name and Address of New Registered Agent Name Green, William C Street Address (P.O. Box Number is Not Acceptable) 5992 Hardy Croom Ct. City Tallahassee FL Zip Code 32309			
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  William C. Green DATE 2/22/04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
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	MGRM GREEN, WILLIAM 2954 FOXCROFT DR TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Green, William 5992 Hardy Croom Ct. Tallahassee, FL 32309
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Davis, Richard W. III 316 WILLIAMS ST TALLAHASSEE, FL 32303	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  Richard W. Davis III <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 7/15/04 Daytime Phone # 850 528-6812	