

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019932

FILED
Jan 22, 2005
Secretary of State

Entity Name: FIVE POINTS PARTNERS LIMITED LIABILITY COMPANY

Current Principal Place of Business:

2210 ST. JOHNS AVE.
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

2210 ST. JOHNS AVE.
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-3756813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PURDIE, THOMAS J
2222 ST. JOHNS AVENUE
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ROOT, RONALD C
Address: 2244 ST. JOHNS AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGR () Delete
Name: ROOT, FRAN F
Address: 2244 ST. JOHNS AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM () Delete
Name: PURDIE, THOMAS J
Address: 2210 ST. JOHNS AVE.
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS J PURDIE

MGRM

01/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date