

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000020145

1. Entity Name

BAYMEADOWS BUSINESS CENTER, LLC



Principal Place of Business

ONE INDEPENDENT DRIVE
SUITE 114
JACKSONVILLE, FL 32202

Mailing Address

ONE INDEPENDENT DRIVE
SUITE 114
JACKSONVILLE, FL 32202



04052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
41-2028149

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EVANS, WILLIAM G
ONE INDEPENDENT DRIVE
SUITE 114
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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:

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

U000000125462
04/22/04-80084-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ACP-JRL PARTNERSHIP, LLTD.
STREET ADDRESS	ONE INDEPENDENT DR STE 114
CITY-ST-ZIP	JACKSONVILLE, FL 32202

TITLE	
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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)(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:

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

Date

Daytime Phone #

4/20/04 (904) 356-1978