2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000020145

1. Entity Name
BAYMEADOWS BUSINESS CENTER, LLC

Principal Place of Business	Mailing Address
ONE INDEPENDENT DRIVE SUITE 114 JACKSONVILLE, FL 32202	ONE INDEPENDENT DRIVE SUITE 114 JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

04262005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
41-2028149		Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

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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 title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

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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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05/04/05-80117-014 50.00

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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: _William G. Evans_   Principal   04-28-05   (904) 356-1978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

Wm. G. Evans