


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000000594 1. Entity Name MILLHOPPER OFFICE PARK, L.C.	
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Principal Place of Business 5800 N.W. 39TH AVENUE, SUITE 101 GAINESVILLE, FL 32606	Mailing Address 5800 N.W. 39TH AVENUE, SUITE 101 GAINESVILLE, FL 32606
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 02-0534233	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBINSON, JEAN H 5800 N.W. 39TH AVENUE, SUITE 101 GAINESVILLE, FL 32606

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBINSON, JEAN H 5800 N.W. 39TH AVENUE, SUITE 101 GAINESVILLE, FL 32606
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01/20/04-80058-020 50.00

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 Jean H. Robinson Managing Member	Date 01/06/04 Daytime Phone # 352-371-1992
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