2005 LIMITED LIABILITY COMPANY

STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY - ST - ZIP

FILED ANNUAL REPORT Apr 25, 2005 08:00 AM DOCUMENT # L02000002164 **Secretary of State** 1. Entity Name MARSH LANDING-CFS, LLC Mailing Address Principal Place of Business 2963 DUPONT AVE. SUITE 2 2963 DUPONT AVE. SUITE 2 JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32217 04112005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3594943 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SKINNER, CHRISTOPHER F DO NOT WRITE 2963 DUPONT AVE. SUITE 2 JACKSONVILLE, FL 32217 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. DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS TITLE MGR SKINNER, CHRISTOPHER F NAME STREET ADDRESS 2963 DUPONT AVENUE, SUITE 2 CTTY-ST-ZIP JACKSONVILLE, FL 32217 1100000328255 04/25/05-80070-008 50.00 mÆ NAVE STREET ADDRESS CITY-ST-ZIP MIL N/M STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MLE NA STREET ADDRESS CITY ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filling 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 experienced to execute this report as required by Chapter 608, Florida Statutes.

SKINNER 4-11-05 904-737-49/ YPED OR PRINTED NAME OF SIGNING M SIGNATURE AND]