

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000004255

1. Entity Name

SOUTH 17 OFFICE PARK, LLC



Principal Place of Business

**751 OAK ST
STE 600
JACKSONVILLE, FL 32204**

Mailing Address

**751 OAK ST
STE 600
JACKSONVILLE, FL 32204**



01172008 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0631891

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fes Required**

6. Name and Address of Current Registered Agent

**MORRIS, WILLIAM H
4339 ROOSEVELT BLVD., STE 400
JACKSONVILLE, FL 32210**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

**TITLE MGR
NAME MORRIS, WILLIAM H
STREET ADDRESS 4339 ROOSEVELT BLVD., STE 400
CITY-ST-ZIP JACKSONVILLE, FL 32210**

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04/13/06-80044-013 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

R. L. Y.

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

Date

Daytime Phone #

3/31/06 904-358-096