

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
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01172008 No Chg-LLC CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0631891	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MORRIS, WILLIAM H 4339 ROOSEVELT BLVD., STE 400 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. Date: 3/31/06 Daytime Phone #: 904-358-0910

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