


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000008622 1. Entity Name PROSSER HALLOCK PATEL JOINT VENTURE, LLC	
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Principal Place of Business 13901 SUTTON PARK DRIVE SOUTH, SUITE 200 JACKSONVILLE, FL 32224	Mailing Address 13901 SUTTON PARK DRIVE SOUTH, SUITE 200 JACKSONVILLE, FL 32224
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03092004 No Chg-LLC CR2E083 (10/03)

4. FE/ Number 04-3641283	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PROM, STEPHEN G ESQUIRE 50 NORTH LAURA STREET, SUITE 2500 JACKSONVILLE, FL 32202	DO NOT WRITE IN THIS SPACE
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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, 2004**

1100000094309
03/22/04-80054-010 50.00

9. MANAGING MEMBERS/MANAGERS	
FILE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM PROSSER HALLOCK, INC. 13901 SUTTON PARK DRIVE SOUTH, SUITE 200 JACKSONVILLE, FL 32224
FILE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM SURESH PATEL/JENKINS & CHARLAND, INC. 2907 SPRING GLEN ROAD JACKSONVILLE, FL 32207
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**DO NOT WRITE
IN THIS SPACE**

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: *Peter C. Hallock* **Mar. 16, 2004** 904-739-3655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #