


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90130 038 ****50.00

DOCUMENT # L02000011855	
1. Entity Name LAVILLA DEVELOPMENT CORPORATION, L.L.C.	

Principal Place of Business 425 NORTH LEE ST. JACKSONVILLE, FL 32202	Mailing Address 425 NORTH LEE ST. JACKSONVILLE, FL 32202
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24063463

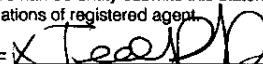
2. Principal Place of Business Suite, Apt. #, etc. Suite 100 City & State	3. Mailing Address Suite, Apt. #, etc. City & State
Zip 32204	Country
Zip 32204	Country



04132004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent ALTES, MICHAEL A 4219 LEXINGTON AVE. JACKSONVILLE, FL 32210	
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7. Name and Address of New Registered Agent Name Ted P. Pappas Street Address (P.O. Box Number is Not Acceptable) 425 No. Lee Street Suite 100 City Jacksonville FL Zip Code 32204	
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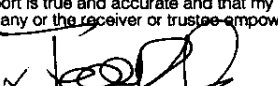
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	Ted P. Pappas 4/30/04

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALTES, MICHAEL A 4219 LEXINGTON AVE. JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Ted P. Pappas 425 No. Lee Street, Suite 100 Jacksonville, FL 32204 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Ted P. Pappas 4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

Attachment

24063463

L02000011855

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: LAVILLA DEVELOPMENT CORPORATION, L.L.C.
2. The mailing address of the limited liability company is: 425 No. Lee St., Suite 100
Jacksonville, Fl 32204

3. Date of filing/registration in Florida _____
4. Document number L02000011855

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Altes, Michael A.
Name
4219 Lexington Avenue
Address
Jacksonville, Fl 32210
City, State and Zip

6. The name and address of the new registered agent and/or office:

Pappas, Ted P.
Name
425 NO. Lee Street, Suite 100
Florida street address (P.O. Box NOT acceptable)
Jacksonville, Fl FL 32204
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

X Ted Pappas
(Signature of a member or authorized representative of a member)

Ted P. Pappas
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.