


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000015002 1. Entity Name 2621 SOUTH PONTE VEDRA BOULEVARD, L.L.C.	
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Principal Place of Business C/O FREDDY FARAH 1030 NORTH ELLIS JACKSONVILLE, FL 32254	Mailing Address C/O FREDDY FARAH 1030 NORTH ELLIS JACKSONVILLE, FL 32254
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DO NOT WRITE IN THIS SPACE



02102005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 01-0771765	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DUSS, JOHN S IV C/O FORD, JETER, ET AL 10110 SAN JOSE BLVD. JACKSONVILLE, FL 32257
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2005**

1100000258590
03/10/05-80047-006 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARAH, FREDDY 1030 NORTH ELLIS JACKSONVILLE, FL 32254
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Freddy Farah* 11 Feb 05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #