

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000017293

1. Entity Name
N. MONROE ST., LLC



Principal Place of Business
**45 WEST BAY STREET, SUITE 203
JACKSONVILLE, FL 32202**

Mailing Address
**45 WEST BAY STREET, SUITE 203
JACKSONVILLE, FL 32202**



01142004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0638705

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRUNTHAL, LEONARD H
45 WEST BAY STREET, SUITE 203
JACKSONVILLE, FL 32202**

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHUETH, WILLIAM F JR
45 W BAY ST STE 203
JACKSONVILLE, FL 32202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PENNINGTON, C. RUFUS III
1 INDEPENDENT DR STE 1700
JACKSONVILLE, FL 32202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000013286
01/26/04-80047-016 50.00

**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: _____

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

Date

Daytime Phone #