


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90072 008 ****50.00

DOCUMENT # L02000020076	
1. Entity Name ALLIED PROPERTY, L.L.C.	

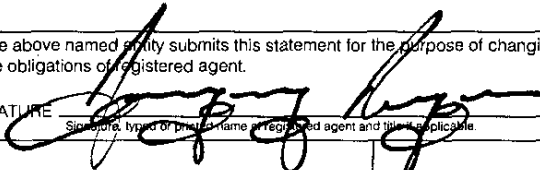
Principal Place of Business 2001 WALNUT STREET JACKSONVILLE, FL 32206	Mailing Address P.O. BOX 551260 JACKSONVILLE, FL 32255
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 3125 Suite, Apt. #, etc.
City & State	City & State JACKSONVILLE, FL
Zip 32206	Country USA



01292004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent SCHNEIDER, MICHAEL N 5150 BELFORT ROAD, BLDG. 100 JACKSONVILLE, FL 32256	7. Name and Address of New Registered Agent Name: BERGER, GREGORY Street Address (P.O. Box Number is Not Acceptable) 177 S. HAMMOCK WAY City: PONTE VEDRA BEACH FL Zip Code: 32082
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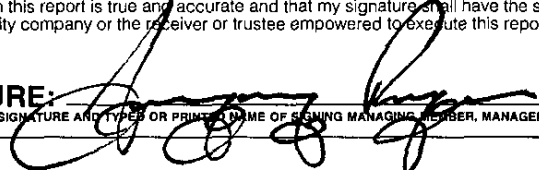
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	SIGNATURE:  <small>Signature of principal, manager, or registered agent and title, if applicable.</small>	DATE: 4/27/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>
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**Filing Fee is \$50.00
Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERGER, GREGORY 2001 WALNUT STREET JACKSONVILLE, FL 32206 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERGER, DENNIS 2001 WALNUT STREET JACKSONVILLE, FL 32206 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: 	Date: 4/27/04	Daytime Phone #: 904-359-0386
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