

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023834

Entity Name: 5660 NND, L.L.C.

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

245 RIVERSIDE AVENUE
SUITE 500
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

245 RIVERSIDE AVENUE
SUITE 500-ATTN LEGAL DEPT
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 51-0426007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARX, CHRISTINE M
245 RIVERSIDE AVENUE
SUITE 500
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: REGAN, MICHAEL N
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR () Delete
Name: GOTTLIEB, JEFFREY S
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR () Delete
Name: SLAPPEY, BRADFORD A
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR () Delete
Name: DALY, MICHAEL J DALY
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR () Delete
Name: SOLOMON, STEPHEN W
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL N. REGAN

MGR

04/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date