


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

05-03-2004 90151 046 \*\*\*\*55.00

<b>DOCUMENT # L02000024404</b> 1. Entity Name NORTHSTAR OF JACKSONVILLE, L.L.C.	
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Principal Place of Business 13171 ATLANTIC BLVD. STE 400 JACKSONVILLE, FL 32225	Mailing Address 13171 ATLANTIC BLVD. STE 400 JACKSONVILLE, FL 32225
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**DO NOT WRITE IN THIS SPACE**



03222004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 42-1558252	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REGISTER, WILLIAM P  
13171 ATLANTIC BLVD.  
STE 400  
JACKSONVILLE, FL 32225

**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 \_\_\_\_\_ (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	MGR REGISTER, WILLIAM P 13171 ATLANTIC BLVD STE 400 JACKSONVILLE, FL 32225
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**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: Braden J. Negaard Braden J. Negaard 4-27-04 804-725-3338  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #