

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000024809 1. Entity Name GARNETT UNF TWO, LLC	
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Principal Place of Business 9485 REGENCY BOULEVARD, SUITE 460 JACKSONVILLE FL 32225	Mailing Address 9485 REGENCY BOULEVARD, SUITE 460 JACKSONVILLE FL 32225
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E083 (11/03)

4. FEI Number 52-2381716	<input type="checkbox"/> Applied For <input type="checkbox"/> 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	7. Name and Address of New Registered Agent
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GARNETT, JACK L 9485 REGENCY BOULEVARD, SUITE 460 JACKSONVILLE FL 32225	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	MGRM						
	GARNETT, JACK L	9485 REGENCY BOULEVARD, SUITE 460	JACKSONVILLE FL 32225				

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: <u>D. Garnett</u> <u>D. Garnett</u>	Date: <u>2-20-2004</u> Daytime Phone #: <u>904 855 8806</u>
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