

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000029359

1. Entity Name
 707 PENINSULAR PLACE, L.L.C.



Principal Place of Business
 707 PENINSULAR PLACE
 JACKSONVILLE, FL 32204

Mailing Address
 PO BOX 2399
 JACKSONVILLE, FL 32203-2399



01132005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0655430	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TRITT, ARNOLD D JR.
 707 PENINSULAR PLACE
 JACKSONVILLE, FL 32204

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

000000197037
 01/26/05-80090-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRITT, ARNOLD D JR PO BOX 2399 JACKSONVILLE, FL 322032399
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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: Arnold D. Tritt, Jr. Date: 1/26/05 Daytime Phone #: 904/354-5200