


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000030148	
1. Entity Name LAWRENCE, PARKER & NEIGHBORS, LLC	

Principal Place of Business 101 EAST UNION STREET SUITE 200 JACKSONVILLE, FL 32202 US	Mailing Address 101 EAST UNION STREET SUITE 200 JACKSONVILLE, FL 32202 US
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04212005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 37-4502630	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  PARKER, AVA L ESQ. 101 EAST UNION STREET SUITE 200 JACKSONVILLE, FL 32202
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, AVA L ESQ. 101 EAST UNION STREET, SUITE 200 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEIGHBORS, KENNETH M ESQ. 127 PEACHTREE STREET, SUITE 555 ATLANTA, GA 30309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAWRENCE, NOEL 101 EAST UNION STREET, SUITE 200 JACKSONVILLE, FL 32202
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05/04/05-80041-003 55.00

**DO NOT WRITE  
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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)(f), 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 Noel Lawrence 4/28/05 9043569928  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE