


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

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| DOCUMENT # L02000030871 1. Entity Name RICHARD SKINNER & ASSOCIATES, P.L. |  |
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| Principal Place of Business 2245 ST. JOHNS AVENUE JACKSONVILLE, FL 32204 | Mailing Address 2245 ST. JOHNS AVENUE JACKSONVILLE, FL 32204 |
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01122005No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 57-1139617 | Applied For Not Applicable |
| 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 SKINNER, RICHARD G III 2245 ST. JOHNS AVENUE JACKSONVILLE, FL 32204 | DO NOT WRITE IN THIS SPACE |
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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 _____ (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 | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR SKINNER, RICHARD G III 2245 ST JOHNS AVE JACKSONVILLE, FL 32204 |
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01/20/05-80053-025 50.00

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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)(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: Richard G. Skinner 1/13/05 904.387.6110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #