

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001161

FILED
Jan 30, 2004
Secretary of State

Entity Name: THIRTY-SEVEN FIFTY II, LLC

Current Principal Place of Business:

1515 RIVERSIDE AVENUE, SUITE A
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

1515 RIVERSIDE AVENUE, SUITE A
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 56-2348273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSHING, ROBERT K
1515 RIVERSIDE AVENUE, SUITE A
JACKSONVILLE, FL 32204

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: RUSHING, ROBERT K
Address: 1515 RIVERSIDE AVE, STE A
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: MGR () Change (X) Addition
Name: HALL, MICHAEL R
Address: 1131 TIGER TRACE BLVD
City-St-Zip: GULF BREEZE, FL 32563 US

Title: MGR () Change (X) Addition
Name: SHANE, BRIAN R
Address: 5089 MANDAVILLA BLVD
City-St-Zip: GULF BREEZE, FL 32563 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT K RUSHING

MGR

01/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date