2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004
Secretary of State

DOCUMENT# L03000001687

Entity Name: THE STAUBACH COMPANY-NORTH FLORIDA, LLC

Current Principal Place of Business:

908 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

New Principal Place of Business:

3500 FINANCIAL PLAZA
SUITE 202
TALLAHASSEE, FL 32312

Current Mailing Address:

908 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

New Mailing Address:

3500 FINANCIAL PLAZA
SUITE 202
TALLAHASSEE, FL 32312

FEI Number: 01-0762539 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROCTOR, LEROY COLLINS
908 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

Name and Address of New Registered Agent:

PROCTOR, LEROY COLLINS
3500 FINANCIAL PLAZA
SUITE 202
TALLAHASSEE, FL 32312

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: _____ 04/22/2004
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: PROCTOR, LEROY COLLINS
Address: 3500 FINANCIAL PLAZA, SUITE 202
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGR ( ) Change (X) Addition
Name: PROCTOR, KATHRYN S
Address: 3500 FINANCIAL PLAZA, SUITE 202
City-St-Zip: TALLAHASSEE, FL 32312

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: KATHRYN S. PROCTOR MGR 04/22/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date