

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

05-11-2004 90002 031 ****50.00

DOCUMENT # L03000001862																					
1. Entity Name ST. MARKS PROPERTIES, LLC																					
Principal Place of Business 215 E. PERSHING STREET TALLAHASSEE, FL 32301			Mailing Address 215 E. PERSHING STREET TALLAHASSEE, FL 32301																		
2. Principal Place of Business			3. Mailing Address																		
Suite, Apt. #, etc.			Suite, Apt. #, etc.																		
City & State			City & State																		
Zip		Country		Zip																	
Country		City & State		City & State																	
6. Name and Address of Current Registered Agent WILLIAMS, KIM B 215 E. PERSHING STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																	
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 state if applicable. (NOTE: Registered Agent signature required when reinstating)																					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State																		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																		
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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: 04.20.04 850-224-9253 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																					

LARRY W. LASSITER, MANAGING MEMBER
KIM B. WILLIAMS