

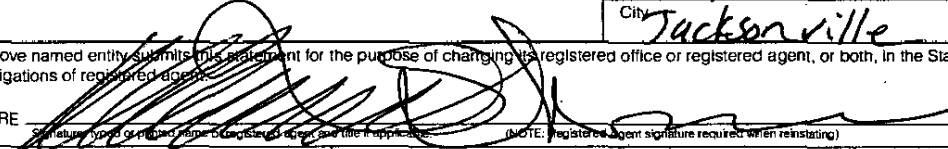
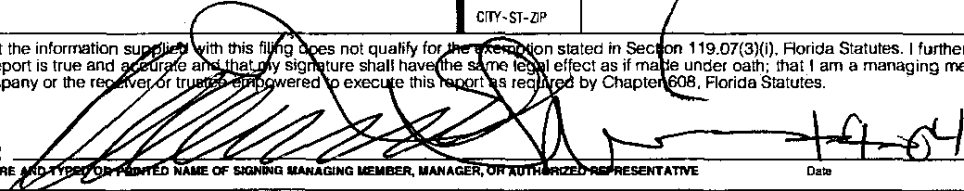


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 16, 2004 8:00 am**  
**Secretary of State**

01-16-2004 90016 024 \*\*\*\*50.00

<b>DOCUMENT # L03000002115</b> 1. Entity Name 6611 SOUTHPOINT PARKWAY, L.L.C.					
Principal Place of Business 300 EAST STATE STREET JACKSONVILLE, FL 32202			Mailing Address 300 EAST STATE STREET JACKSONVILLE, FL 32202		
2. Principal Place of Business <i>13947 Beach Blvd</i> Suite, Apt. #, etc. <i>Suite 210</i> City & State <i>Jacksonville</i> Zip <i>32224</i>		3. Mailing Address <i>13947 Beach Blvd</i> Suite, Apt. #, etc. <i>Suite 210</i> City & State <i>Jacksonville</i> Zip <i>32224</i>			
01062004 Chg-LLC CR2E083 (10/03)		4. FEI Number <i>82-0581838</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				6. Name and Address of Current Registered Agent  DUSS, JOHN S ESQ FORD, JETER, BOWLUS, DUSS, MORGAN, ET AL 10110 SAN JOSE BLVD. JACKSONVILLE, FL 32257	
7. Name and Address of New Registered Agent Name <i>Mike Ashourian</i> Street Address (P.O. Box Number is Not Acceptable) <i>13947-210 Beach Blvd.</i> City <i>Jacksonville</i> FL Zip Code <i>32224</i>				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 _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<i>mgr Mike Ashourian</i> <i>13947-210 Beach Blvd.</i> <i>Jacksonville, FL 32224</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date Daytime Phone #</small>					