


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L03000002115

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
 13947 Beach Blvd
 Suite, Apt. #, etc. Suite 210
 City & State Jacksonville

3. Mailing Address
 13947 Beach Blvd.
 Suite, Apt. #, etc. Suite 210
 City & State Jacksonville

Zip 32224 Country Duval Zip 32224 Country Duval



01062004 Chg-LLC CR2E083 (10/03)

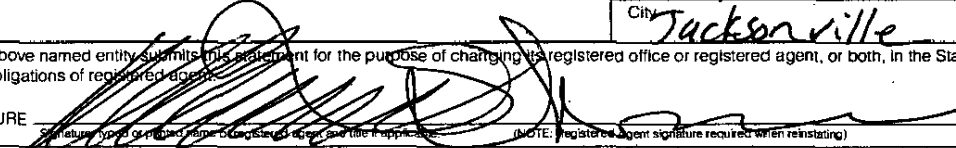
4. FEI Number 82-0581838 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 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 Mike Astourian
 Street Address (P.O. Box Number is Not Acceptable)
 13947-210 Beach Blvd.
 City Jacksonville FL Zip Code 32224

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

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| 10. ADDITIONS / CHANGES | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exception 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:  **1-16-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #