


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Mar 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000002115**  
 1. Entity Name  
 6611 SOUTHPOINT PARKWAY, L.L.C.



Principal Place of Business 13947 BEACH BLVD. STE 210 JACKSONVILLE, FL 32224	Mailing Address 13947 BEACH BLVD. STE 210 JACKSONVILLE, FL 32224
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**DO NOT WRITE IN THIS SPACE**



02202005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 82-0581838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ASHOURIAN, MIKE  
 13947 BEACH BLVD.  
 STE 210  
 JACKSONVILLE, FL 32224

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2005**

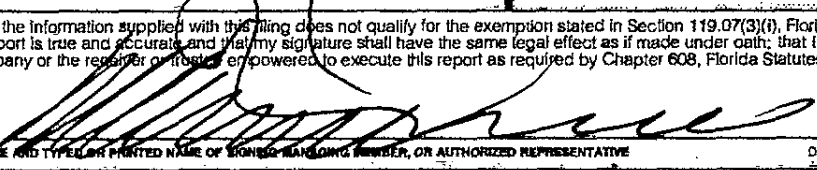
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASHOURIAN, MIKE 13947 BEACH BLVD., STE 210 JACKSONVILLE, FL 32224
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000000212448  
 03/22/05-80005-019 \$0.00

**DO NOT WRITE IN THIS SPACE**

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 registrar or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  3/18/05 904-990-0000

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNED MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #