## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **FILED** Mar 22, 2005 08:00 AM DOCUMENT # L03000002115 **Secretary of State** 1. Entity Name 6611 SOUTHPOINT PARKWAY, L.L.C. Principal Place of Business Mailing Address 13947 BEACH BLVD. 13947 BEACH BLVD. STE 210 STE 210 IACKSONVILLE, FL 32224 Jacksonville, FL 32224 02202005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 82-0581838 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ASHOURIAN, MIKE DO NOT WRITE 13947 BEACH BLVD. **STE 210** IN THIS SPACE JACKSONVILLE, FL 32224 \$. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE ASHOURIAN, MIKE NAME 13947 BEACH BLVD., STE 210 STREET ADDRESS U0U0U0272443 CITY-ST-ZIP JACKSONVILLE, FL 32224 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 register or itself expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-2IP