


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90048 044 \*\*\*\*50.00

<b>DOCUMENT # L03000002115</b>			
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	
2. Principal Place of Business 7880 Gate Parkway Suite, Apt. #, etc. Suite 300 City & State Jax. FL Zip 32254 Country US		3. Mailing Address 7880 Gate Parkway Suite, Apt. #, etc. Suite 300 City & State Jax FL Zip 32256 Country US	
03072006 Chg-LLC CR2E083 (11/05)		4. FEI Number 82-0581838	
		Applied For <input type="checkbox"/> 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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7880 GATE PARKWAY SUITE 300 JACKSONVILLE, FL 32256 City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASHOURIAN, MIKE 13947 BEACH BLVD., STE 210 JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7880 GATE PARKWAY SUITE 300 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 recipient of trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			