


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90329 017 ****50.00

DOCUMENT # L03000002115 1. Entity Name 6611 SOUTHPOINT PARKWAY, L.L.C.	
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Principal Place of Business 7880 GATE PARKWAY STE 300 JACKSONVILLE, FL 32256	Mailing Address ANSBACHER & SCHNEIDER, P.A. P.O. BOX 551260 JACKSONVILLE, FL 32255
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2. Principal Place of Business - No P.O. Box # 7880 GATE PARKWAY SUITE 300 JACKSONVILLE, FL 32256	3. Mailing Address 7880 GATE PARKWAY SUITE 300 JACKSONVILLE, FL 32256
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City & State	City & State
Zip	Country



01082007 Chg-LLC CR2E083 (12/06)

4. FEI Number 82-0581838	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ANSBACHER & SCHNEIDER, P.A. 5150 BELFORT ROAD BUILDING 100 JACKSONVILLE, FL 32256	7. Name and Address of New Registered Agent Name: Mike Ashourian Street Address (P.O. Box Number is Not Acceptable): 7880 GATE PARKWAY SUITE 300 JACKSONVILLE, FL 32256 City: FL Zip Code:
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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: Mike Ashourian MIKE ASHOURIAN, MGR 4/24/07
Signature must be printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASHOURIAN, MIKE 7880 GATE PKWY STE 300 JACKSONVILLE, FL 32256 <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
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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 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Elaine Ashourian Elaine Ashourian 4/24/2007 904 992 9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #