2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 19, 2004 8:00 am Secretary of State 04-19-2004 90036 021 ****50.00

904-350-1314

DOCUMENT # L03000003562 1. Entity Name LAURA STREET ASSOCIATES, LLC										04-19-2004	1 900 3 6 C)21 ******3	0.00
Principal Place of Business				Mailing Address					24046780				
76 SOUTH LAURA STREET STE. 1700 Jacksonville, FL 32202				76 SOUTH LAURA STREET STE. 1700 Jacksonville, FL 32202							•		
2. Principal Place of Business			-	3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.					03262004	Chg-LLC	CR2E	083 (10/03)	;
City & State				City & State				<u> </u>	4. FEI Numbe		506	<u> </u>	pplied For lot Applicable
Zip Country				Zip Cou			try	5. Certificate of Status Desired \$5.00 Add			ditional		
6. Name and Address of Current			of Current R	Registered Agent				7. Name and Address of New Registered Agent					<u> </u>
HADDED	LEWIS						Name						
HARPER, LEWIS 76 SOUTH LAURA STREET STE. 1700 JACKSONVILLE, FL 32202							Street A	Address (P.O. Box Numbe	r is Not Acceptat	ole)	·	· · · · · · · · · · · · · · · · · · ·
							City					Zip Coo	
O The share			-4-4	***							F	<u>- 1 </u>	
	named entiti ions of regist		statement for	tne purpose	or changing its	registere	a ottice c	r register	ed agent, or bott	n, in the State of I	гюлаа. Гал	ı tamıllar witn	, and accept
SIGNATURE .	Signature, typed	or printed name of re	egistered agent an	d title if applicab	ile (NOT	E: Registere	Agent signa	ture required	when reinstating}		DATE	 .	
Ei	iling Fee	ie \$50.00							Manager to the state of the sta	regionalis de la Principalis de la Maria	ke check	navable to	The Water Section 5
		y 1, 2004							150 K. Say			nent of Stat	l e
9.	·	MANAGI	NG MEMBER	S/MANAGE	RS	10.			188	ADDITION	S/CHANGE	S	SPECIAL GRAND SHEET
TITLE			1,	N ₃	☐ Delete	TITLE		MER	M STREET	MENT EIND	25 7405	☐ Change	Addition
NAME STREET ADDRESS				•		. NAMI Stre	ET ADORESS .	76 S.	. LAURA ST	REST, STE	1700		
CITY-ST-ZIP						CITY	-ST-ZIP			LE, FL 3			
TITLE					☐ Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS						NAM! STRE	ET ADORESS	}					
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NAME						NAM							
STREET ADDRESS CITY-ST-ZIP							et address - St-Zip						
TITLE					☐ Delete	TITLE						☐ Change	Addition
NAME STREET ADDRESS	•					NAM	E Et address					•	
CITY-ST-ZIP							ST-ZIP	- ,			٠ سي ٠	4.	·
TITLE	,				☐ Delete	TITLE				*.	a Segui Mg	Change	Addition
NAME STREET ADDRESS		v s e ^z				NAM	ET ADDRESS		þ.		**		
STREET ADDRESS CITY-ST-ZIP			•	· 			ST-ZIP		,-,				
11. I hereby o	certify that the	e information s	upplied with t	his filing do	es not qualify fo	r the exe	notion sta	ated in Se	ction 119.07(3)(i), Florida Statutes	. I further ce	rtify that the	information
indicated limited lial	on this repol bility compar	rt is true and ac ny or the receiv	courate and the rer or trustee i	nat my signa empowered	ture shall have to execute this	report as	required	by Chapt	nade under oath; er 608, Florida S	that I am a man tatutes.	aging memb	er or manag	er of the