


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90134 011 \*\*\*\*50.00

<b>DOCUMENT # L03000004542</b>			
1. Entity Name <b>JAMESTOWN SQUARE, L.L.C.</b>			
Principal Place of Business 101 SE 21ST STREET FORT LAUDERDALE FL 33316		Mailing Address 101 SE 21ST STREET FORT LAUDERDALE FL 33316	
2. Principal Place of Business 120 NE 4 <sup>TH</sup> Street Fort Lauderdale, FL 33301		3. Mailing Address 120 NE 4 <sup>TH</sup> Street Fort Lauderdale, FL 33301	
Zip	Country	Zip	Country
4. FEI Number <b>56-2324720</b>		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 <b>RICHARDSON, GEX 101 SE 21ST STREET FORT LAUDERDALE FL 33316</b>		7. Name and Address of New Registered Agent Name <b>RICHARDSON, GEX F</b> Street <b>120 NE 4TH STREET</b> <b>FORT LAUDERDALE, FL 33301</b> 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 <i>[Signature]</i>		DATE	
		<p><b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By May 1, 2004</b></p>	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Mgmt GWSV, Inc 120 NE 4th Street Fort Lauderdale, FL 33301</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		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		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 exemption stated in Section 119.07(3)(f), 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: <i>[Signature]</i>		Date: <b>4-29-04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # <b>954-761-3472</b>	