The state of

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-13-2004 90332 016 ****50.00 **DOCUMENT # L03000004707** 1. Entity Name ARMSDALE DEVELOPMENT, LLC OLLCUUPG Principal Place of Business Mailing Address 4209 BAYMEADOWS ROAD 4209 BAYMEADOWS ROAD JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32217 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082004 CR2E083 (10/03) Applied For City & State City & State Not Applicable Ζīρ Country ZΙp Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEFFIELD, J. HOWARD P.A. Street Address (P.O. Box Number is Not Acceptable) 4209 BAYMEADOWS ROAD JACKSONVILLE, FL 32217 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 Signature, typed or printed name of registered agent and 58s if applicable. (NOTE: Registered Agent algositure required when reinstating) Aractic A Control Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SHEFFIELD, J. HOWARD NAME 4209 BAYMEADOWS ROAD STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32217 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY-ST-ZIP TITLE ☐ Delete ΠLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP his fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information at missignature shall have the same legal effect as if made under oath; that I am a managing member or manager of the importered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied with this indicated on this report is the and accurate and that SIGNATURE:

OR PRINTED MANE OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Jul 06, 2004 8:00 am

Secretary of State

Devtime Phone #

Date

J. HOWARD SHEFFIELD OR 071878
TINYA D. SHEFFIELD
904-363-8877
10147 BISHOP LAKE RD., W.
JACKSONVILLE, FL. 32256-3476

PAY TO THE ORDER OF LOUISE PAYER
ORDER OF LOUISE PAYER

SUNTRUST
SunTrust Bank
FOR ASSAULD Leichymistus

OHAFLAND 2000

ARMSDALE DEVELOPMENT, LLC

4209 Baymeadows Road
Jacksonville, Florida 32217

J. Howard Sheffield, Manager
Tel. (904) 733-7900
Fax (904) 733-5226

Via Overnight Mail

Division of Corporations Annual Report Filing Department 2670 Executive Center Circle, Suite 100 Tallahassee, Florida 32301

Re:

2004 Annual Report

Armsdale Development, LLC

Reference Number: L03000004707

Dear Sir/Madam:

I am enclosing a copy of the Annual Report that was sent to your office on April 8, 2004, along with check number 1295 (a copy has been attached for your ready reference), in the filing fee amount of \$50.00. Our form was missing the Federal Identification Number, and we were asked to provide this number at our earliest convenience. We applied for the Identification Number with the IRS on April 22, 2004, but did not receive the number until today from the Internal Revenue Service.

The Federal Identification Number is **34-2002252.** I have also written this in on the copy of the Annual Report.

If you have any questions or need further assistance, please do not hesitate to call.

Very sincerely yours,

Sabrina L. Roper

Assistant to J. Howard Sheffield,

Manager/Member

/slr

Enclosures