

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008228

FILED
Apr 18, 2005
Secretary of State

Entity Name: DRIVER, MCAFEE & GRIGGS, P.L.

Current Principal Place of Business:

225 WATER STREET STE. 2020
JACKSONVILLE, FL 32202

New Principal Place of Business:

ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 US

Current Mailing Address:

225 WATER STREET STE. 2020
JACKSONVILLE, FL 32202

New Mailing Address:

ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 US

FEI Number: 16-1656248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE STE. 1200
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 US

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.

SIGNATURE: GWEN HUTCHESON GRIGGS, EVP

04/18/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CAMERLENGO, JOSEPH V VPTS
Address: 4741 ATLANTIC BOULEVARD, SUITE D
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGR () Delete
Name: DRIVER, JR., G. RAY P
Address: 225 WATER STREET, SUITE 2020
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGR () Delete
Name: BROCKWELL, P. HEATH VP
Address: 4741 ATLANTIC BOULEVARD, SUITE D
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGR (X) Delete
Name: MCAFEE, MATTHEW S VP
Address: 225 WATER STREET, SUITE 2020
City-St-Zip: JACKSONVILLE, FL 32202 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DRIVER, G. RAY JR.
Address: ONE INDEPENDENT DRIVE, SUITE 1200
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGR (X) Change () Addition
Name: MCAFEE, MATTHEW S
Address: ONE INDEPENDENT DRIVE, SUITE 1200
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGR (X) Change () Addition
Name: GRIGGS, GWEN H
Address: ONE INDEPENDENT DRIVE, SUITE 1200
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: G. RAY DRIVER, JR.

MGR

04/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date