


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90232 003 ****50.00

DOCUMENT # L03000009351	
1. Entity Name WRIGHT CENTER, L.L.C.	

Principal Place of Business 9424 BAYMEADOWS ROAD, SUITE 200 JACKSONVILLE FL 32256	Mailing Address 9424 BAYMEADOWS ROAD, SUITE 200 JACKSONVILLE FL 32256
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2. Principal Place of Business Wright Center	3. Mailing Address Wright Center
Suite, Apt. #, etc. 9424 Baymeadows Rd. Ste 200	Suite, Apt. #, etc. Same
City & State Jacksonville, FL	City & State Same
Zip 32256	Country Duval



MOORE CR2E083 (11/03)

4. FEI Number 83-0351819	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH HULSEY & BUSEY 225 WATER STREET, SUITE 1800 JACKSONVILLE FL 32202	
7. Name and Address of New Registered Agent Name: Edna C. Wade Street Address (P.O. Box Number is Not Acceptable): 9424 Baymeadows Rd. Ste. 200 City: Jacksonville FL Zip Code: 32256	

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: Edna C. Wade, President Edna C. Wade 1/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Edna C. Wade 4072 Scenic Dr. Middleburg, FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: Edna C. Wade, President 1/27/04 (904) 448-9448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #