


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000016690
 1. Entity Name
 5061 SHAWLAND ROAD, L.L.C.



Principal Place of Business: 300 EAST STATE ST. JACKSONVILLE, FL 32202
 Mailing Address: 300 EAST STATE ST. JACKSONVILLE, FL 32202

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02102005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 42-1590523	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
 DUSS, JOHN S IV, ESQ
 FORD, JETER, BOWLUS, ET AL
 10110 SAN JOSE BLVD.
 JACKSONVILLE, FL 32257

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EASTON, SAMUEL M 300 E STATE ST JACKSONVILLE, FL 32202
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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: *Samuel Easton* 11 Feb 05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #