

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 10, 2004 8:00 am
Secretary of State

04-14-2004 90282 035 ****50.00

DOCUMENT # L03000016941																																																																													
1. Entity Name 3015 LIBERTY LLC																																																																													
Principal Place of Business 1923 SOUTHAMPTON RD. JACKSONVILLE, FL 32207			Mailing Address 1923 SOUTHAMPTON RD. JACKSONVILLE, FL 32207																																																																										
2. Principal Place of Business		3. Mailing Address																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																											
City & State		City & State																																																																											
Zip	Country	Zip	Country	04062004 Chg-LLC CR2E083 (10/03)																																																																									
4. FEI Number 34-1989514				Applied For ☐ Not Applicable																																																																									
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				34005752 																																																																									
6. Name and Address of Current Registered Agent EASTON, WILLIAM M 1923 SOUTHAMPTON RD. JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL _____ 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 state is applicable. (NOTE: Registered Agent signature required when reappointing)																																																																													
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left; padding: 2px;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;">☐ Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;">☐ Change ☒ Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">Manager William M. Easton 1923 Southampton Rd Jacksonville, FL 32207</td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☒ Addition	STREET ADDRESS			STREET ADDRESS	Manager William M. Easton 1923 Southampton Rd Jacksonville, FL 32207	☐ Change ☐ Addition	CITY-ST-ZIP			CITY-ST-ZIP		☐ Change ☐ Addition	TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME		☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS		☐ Change ☐ Addition	CITY-ST-ZIP			CITY-ST-ZIP		☐ Change ☐ Addition	TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME		☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS		☐ Change ☐ Addition	CITY-ST-ZIP			CITY-ST-ZIP		☐ Change ☐ 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 606, Florida Statutes.																																																																													
SIGNATURE:				Date: 4-22-04 794-1044																																																																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																													