# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 13, 2006**
**Secretary of State**

DOCUMENT# L03000018116

**Entity Name:** SOUTHPOINT OFFICE, LLC

**Current Principal Place of Business:**

6890 BELFOA OAKS PLACE
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

6890 BELFORT OAKS PLACE
JACKSONVILLE, FL 32216

**Current Mailing Address:**

6890 BELFOA OAKS PLACE
JACKSONVILLE, FL 32216

**New Mailing Address:**

6890 BELFORT OAKS PLACE
JACKSONVILLE, FL 32216

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STONEBURNER BERRY & SIMMONS, P.A.
841 PRUDENTIAL DRIVE, STE. 140
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: WARREN, SCOTT D
Address: 6890 BELFOA OAKS PLACE
City-St-Zip: JACKSONVILLE, FL 32216

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: WARREN, SCOTT D
Address: 6890 BELFORT OAKS PLACE
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SCOTT WARREN MGR 04/13/2006

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