2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 10, 2004 8:00 am
Secretary of State
04-16-2004 90414 015 ****50.00

DOCUMENT # L03000022854

1. Entity Name
SOX-GRISSOM PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
402 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301	402 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301

01062004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
2822 REMINGTON GREEN		2822 REMINGTON GREEN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
TALLAHASSEE, FL		TALLAHASSEE, FL	
City & State		City & State	
Zip 32308	Country	Zip 32308	Country

4. FEI Number 510476067 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOX, RICHARD N JR. 402 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301	Name RICHARD N. SOX, JR. Street Address (P.O. Box Number is Not Acceptable) 2822 REMINGTON GREEN City TALLAHASSEE FL Zip Code 32308

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 ______ 4/14/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[redacted], MGRM RICHARD N. SOX, JR. 2822 REMINGTON GREEN TALLAHASSEE, FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAM L. GRISSOM, JR. 1564 APPLEWOOD WAY TALLAHASSEE, FL 32312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ______ RICHARD N. SOX, JR. 05/06/04 (850)509-3099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #