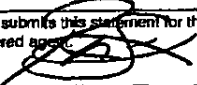
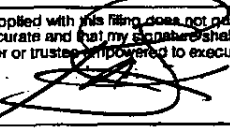


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 402 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301		Mailing Address 402 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301	
2. Principal Place of Business 2822 REMINGTON GREEN TALLAHASSEE, FL		3. Mailing Address 2822 REMINGTON GREEN TALLAHASSEE, FL	
Suite, Apt. #, etc. TALLAHASSEE, FL		Suite, Apt. #, etc. TALLAHASSEE, FL	
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL	
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 SOX, RICHARD N JR. 402 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent 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 		DATE 4/14/04	
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	GRISSOM, MGRM RICHARD N. SOX, JR. 2822 REMINGTON GREEN TALLAHASSEE, FL 32308	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAM L. GRISSIM, JR. 1504 ARBWOOD WAY TALLAHASSEE, FL 32312	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ 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 806, Florida Statutes.			
SIGNATURE: 		DATE 05/06/04 (850) 509-3099	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	