


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90191 026 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L03000027854</b>         |  |
| 1. Entity Name<br>1648 OSCEOLA, L.L.C. |   |

|   |   |
|---|---|
| Principal Place of Business<br>200 E. FORSYTH STREET<br>JACKSONVILLE FL 32202 | Mailing Address<br>200 E. FORSYTH STREET<br>JACKSONVILLE FL 32202 |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business<br>1648 Osceola Street<br>Suite, Apt. #, etc. | 3. Mailing Address<br>1648 Osceola Street<br>Suite, Apt. #, etc. |
|--|--|

|                                 |                                 |
|---------------------------------|---------------------------------|
| City & State<br>Jacksonville FL | City & State<br>Jacksonville FL |
| Zip<br>32204                    | Zip<br>32204                    |
| Country<br>USA                  | Country<br>USA                  |

|   |  |
|---|--|
| 4. FEI Number<br>80-0104134                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required                         |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br>MOORE, WILLIAM J III<br>3713 RICHMOND STREET<br>JACKSONVILLE FL 32205 |  |
|--|--|

|  |          |
|--|----------|
| 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.

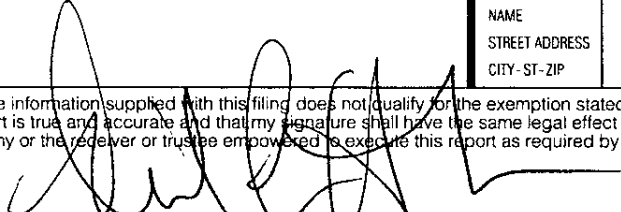
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <p><b>FILE NOW!!! FEE IS \$50.00</b><br/><b>Make Check Payable to Florida Department of State</b><br/><b>Due By May 1, 2004</b></p> |  |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MOORE, WILLIAM J III<br>3713 RICHMOND STREET<br>JACKSONVILLE FL 32205 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SIEGEL, ERIC L<br>1850 M STREET NW, SUITE 250<br>WASHINGTON DC 20036 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>HENRICHSEN, NEIL L<br>2815 GRAND AVENUE<br>JACKSONVILLE FL 32210 <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 10. ADDITIONS/CHANGES                          |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:**  **2/23/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #