


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90013 008 ****50.00

DOCUMENT # L03000035200	
1. Entity Name N.W. 55TH PLACE INDUSTRIAL PARK, LLC	

Principal Place of Business 5132 CENTENNIAL OAKS CIRCLE TALLAHASSEE FL 32308	Mailing Address 5132 CENTENNIAL OAKS CIRCLE TALLAHASSEE FL 32308
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 65 Suite, Apt. #, etc.
City & State	City & State TALLAHASSEE, FL
Zip 32302	Country



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent LAMB, III, MARION D 217 PINWOOD DRIVE TALLAHASSEE FL 32303	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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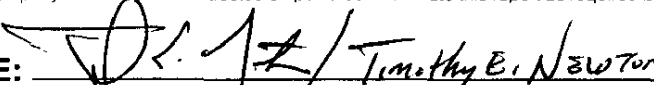
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEWTON, WILLIAM E 5132 CENTENNIAL OAKS CIRCLE TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: 	4/22/04	850-309-1468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #