


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000037555
 1. Entity Name
 215 CAPITAL LLC



Principal Place of Business Mailing Address
 ONE INDEPENDENT DRIVE - SUITE 114 ONE INDEPENDENT DRIVE - SUITE 114
 JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE



04262005 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 03-0534870 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 EVANS, WILLIAM G
 ONE INDEPENDENT DRIVE - SUITE 114
 JACKSONVILLE, FL 32202

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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 _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ACP-JRL PARTNERSHIP, LTD
STREET ADDRESS	512 EAST WASHINGTON STREET, SUITE 200
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/04/05-80117-017 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Wm G Evans* Principal Date: 04-28-05 Daytime Phone #: (904) 356-1978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Wm. G. Evans