

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037903

FILED  
Sep 14, 2004  
Secretary of State

Entity Name: OP CAPITAL, LLC

## Current Principal Place of Business:

ONE INDEPENDENT DR., STE. 3130  
JACKSONVILLE, FL 32202

## New Principal Place of Business:

2022 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207

## Current Mailing Address:

ONE INDEPENDENT DR., STE. 3130  
JACKSONVILLE, FL 32202

## New Mailing Address:

2022 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207

FEI Number: 55-0851891

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY  
225 WATER ST., STE. 1800  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: VARINA KNIGHT MASON, TESTAMENTARY T R UST II  
Address: 2022 HENDRICKS AVENUE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM ( ) Change (X) Addition  
Name: STEUART, VARINA  
Address: 25 OLD FARM ROAD  
City-St-Zip: DARIEN, CT 06820

Title: MGRM ( ) Change (X) Addition  
Name: ROGERS, ARNOLD  
Address: ONE INDEPENDENT DRIVE, STE 3130  
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RAYMOND K. MASON, TRUSTEE

MGRM

09/14/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date