## -2005 LIMITED LIABILITY COMPANY

## **FILED** 0 AMte

ANNUAL REPORT				Apr 25, 2005 08:00 A		
1. Entity Nam	MENT # L03000043 AGE 300, LLC	585			Secreta	ary of State
P.O. DRAWE	ce of Business R 229 EE, FL 32302-0229	Mailing Address P.O. DRAWER 229 TALLAHASSEE, FL 32302-	0229			
				1		
C	OO NOT WRITE	IN THIS SP	ACE	03172005No Chg-Lt  4. FEI Number 20-0401499  5. Certificate of Status D		2E083 (10/03)  Applied For Not Applicable \$5.00 Additional
	6. Name and Address of Current	Registered Agent	<del></del>	,	т — —	Fee Required
WAKEMAN, MARY L 101 NORTH MONROE STREET, SUITE 900 TALLAHASSEE, FL 32301				DO NOT		
8. The above the obligat	named entity submits this statement fo tions of registered agent.	r the purpose of changing its regi	stered office or register	red agent, or both, in the Si	ate of Florida. I a	m familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and little if applicable. NOTE Reg	islered Agent signature required	I when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2005			· /. }		· · · · · · · · · · · · · · · · · · ·
9.	MANAGING MEMBE	ŔŜ/MANAGERS		The same state of the same sta		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCONNAUGHHAY, JAMES N 101 NORTH MONROE STREET, TALLAHASSEE, FL 323020229			UC 04/29	)00003272! 5/05-8003	31 1-015 SO.00
TITLE NAME	MGRM WAKEMAN, MARY L			10 1 <u>1 1 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 </u>		The second secon

## MGRM TITLE MCCONNAUGHHAY, JOHN W NAME STREET ADDRESS 101 NORTH MONROE STREET, SUITE 900 DO NOT WRITE CITY-ST-ZIP TALLAHASSEE, FL 323020229 TITLE IN THIS SPACE NAME

11. I hereby certify that the information supplied with this filing does not qualify for the examption 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:	E: .
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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

101 NORTH MONROE STREET, SUITE 900

TALLAHASSEE, FL 323020229

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

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