

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043958

FILED
Apr 13, 2004
Secretary of State

Entity Name: PRICE, PRICE AND TURNER, L.L.C.

Current Principal Place of Business:

1625 ATLANTIC BLVD.
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1625 ATLANTIC BLVD.
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 20-0427873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL N
5150 BELFORT RD., BLDG. 100
JACKSONVILLE, FL 32256 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: PRICE, JACK
Address: 11111 CHESTER LAKE ROAD E
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Change (X) Addition
Name: PRICE, SAM
Address: 6261 DUPONT STATION COURT, SUITE D
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGRM () Change (X) Addition
Name: TURNER, HENRY
Address: 1625 ATLANTIC BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32207

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: HENRY TURNER

MGRM

04/13/2004

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