## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED -Feb 24, 2005 08:00 AM Secretary of State DOCUMENT # L03000045957 MAYFLOWER STREET PROPERTIES, L.C. Principal Place of Business . \_\_\_ Mailing Address 1904 SAN MARCO BLVD. 1904 SAN MARCO BLVD. JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 02102005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-4606797 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SLAGLE, SUSAN ESQ. DO NOT WRITE 1201 SAN AMARO ROAD JACKSONVILLE, FL 32207 IN THIS SPACE 5. 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** Signature, typed or printed name of registered agent and title if applicable. NOTE Registered Agent signature required when reinstaling Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS **9**. MGRM TITLE FOSTER, PAULA A NAME STREET ADDRESS 1914 SAN MARÇO BLD #4 JACKSONVILLE, FL 32207 CITY-ST-ZIP 02/25/05-80003-022 SD.00 TITLE NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CTTY-ST-ZIP TITI E NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: