

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000048978

1. Entity Name
 3494 PHILLIPS HIGHWAY, L.L.C.



Principal Place of Business
 300 EAST STATE ST.
 JACKSONVILLE, FL 32202

Mailing Address
 300 EAST STATE ST.
 JACKSONVILLE, FL 32202



01052006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0084203	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DUSS, JOHN S IV, ESQ
 FORD, JETER, BOWLUS, ET AL
 10110 SAN JOSE BLVD
 JACKSONVILLE, FL 32257

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	EASTON, SAMUEL M JR
STREET ADDRESS	300 EAST STATE ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32202

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01052006 No Chg-LLC
 01/24/06-80021-005 \$0.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Samuel M. Easton [Signature] [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #