

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90025 023 \*\*\*\*50.00

**DOCUMENT # L04000001661**

1. Entity Name  
**BEST VIEW, LLC**



Principal Place of Business  
**1301 RIVERPLACE BOULEVARD STE. 1609  
JACKSONVILLE, FL 32207**

Mailing Address  
**1301 RIVERPLACE BOULEVARD STE. 1609  
JACKSONVILLE, FL 32207**

**20039528**



2. Principal Place of Business

**12327 MOOSE HOLLOW DR.**  
Suite, Apt. #, etc.

3. Mailing Address

**12327 MOOSE HOLLOW DR.**  
Suite, Apt. #, etc.

03252005 Chg-LLC CR2E083 (10/03)

City & State

**JACKSONVILLE, FL**

City & State

**JACKSONVILLE, FL**

4. FEI Number

**74-3113550**

Applied For  
☐ Not Applicable

Zip

**32226**

Country

**FL**

Zip

**32226**

Country

**FL**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PEEK, EUGENE G  
1301 RIVERPLACE BOULEVARD STE. 1609  
JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

Name **MICHAEL W. TRAVIS**  
Street Address (P.O. Box Number is Not Acceptable)  
**12327 MOOSE HOLLOW DR.**  
City **JACKSONVILLE** **FL** Zip Code **32226**

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-30-05**  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete  
NAME **PEEK, EUGENE G**  
STREET ADDRESS **1301 RIVERPLACE BOULEVARD STE. 1609**  
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☒ Addition  
NAME **MICHAEL W. TRAVIS**  
STREET ADDRESS **12327 MOOSE HOLLOW DRIVE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32226**

TITLE **MBR** ☐ Change ☒ Addition  
NAME **JOHN C. ELDER**  
STREET ADDRESS **12340 HICKORY TREE COURT**  
CITY-ST-ZIP **JACKSONVILLE, FL 32226**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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)(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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3-30-05 904-757-0018**  
Date Daytime Phone #