

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022098

FILED  
Apr 20, 2007  
Secretary of State

**Entity Name:** TALLAHASSEE PROPERTY, L.L.C.

**Current Principal Place of Business:**

4920 ORTEGA BOULEVARD  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 551260  
JACKSONVILLE, FL 32255

**New Mailing Address:**

**FEI Number:** 20-0934178

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHNEIDER, MICHAEL N  
5150 BELFORT ROAD, BLDG. 100  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

ANSBACHER & SCHNEIDER, P.A.  
5150 BELFORT ROAD, BLDG. 100  
JACKSONVILLE, FL 32256 US

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: MICHAEL N SCHNEIDER

04/20/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGMR ( ) Delete  
Name: BLISS, THOMAS  
Address: 4920 ORTEGA BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGMR ( ) Delete  
Name: SHOLTES, FRANK  
Address: 4920 ORTEGA BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32210

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: THOMAS BLISS

M

04/20/2007

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