


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90277 002 ****50.00

DOCUMENT # L04000026159	
1. Entity Name 4000 FAYE ROAD LLC	

20028299



Principal Place of Business 1301 RIVERPLACE BOULEVARD, SUITE 2330 JACKSONVILLE, FL 32207	Mailing Address 1301 RIVERPLACE BOULEVARD, SUITE 2330 JACKSONVILLE, FL 32207
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2. Principal Place of Business 10739 Deerwood Park Blvd. Suite, Apt. #, etc. Suite 103	3. Mailing Address 10739 Deerwood Park Blvd. Suite, Apt. #, etc. Suite 103
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03222005 Chg-LLC CR2E083 (10/03)

City & State Jacksonville, Florida	City & State Jacksonville, Florida	4. FEI Number 20-1127235	Applied For <input type="checkbox"/> Not Applicable
Zip 32256	Country USA	Zip 32256	Country USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAX CO.
50 NORTH LAURA STREET, SUITE 3300
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2005**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Ladson F. Montgomery 10739 Deerwood Park Blvd., Suite 103 Jacksonville, Florida 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Ladson F. Montgomery** **4-5-05** **904 399-5222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #