

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000026489

**FILED**  
**Jul 19, 2005**  
**Secretary of State**

**Entity Name:** SOUTH JACKSONVILLE PROPERTIES, LLC

**Current Principal Place of Business:**

9540 STATE ROAD 13  
JACKSONVILLE, FL 32241

**New Principal Place of Business:**

**Current Mailing Address:**

9540 STATE ROAD 13  
JACKSONVILLE, FL 32241

**New Mailing Address:**

**FEI Number:** 20-0972524      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

GERSON, GARY N  
1645 PALM BEACH LAKES BLVD STE. 1200  
WEST PALM BEACH, FL 33401 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES:**

**Title:** MEMB ( ) Change (X) Addition  
**Name:** FALCON SOUTH JACKSON, VILLE PROPERTI E S, LLC  
**Address:** 9540 STATE ROAD 13  
**City-St-Zip:** JACKSONVILLE, FL 32241

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** FALCON SOUTH JACKSONVILLE PROPERTIES, LLC      MEMB      07/19/2005

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