


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90020 019 \*\*\*\*50.00

<b>DOCUMENT # L04000028834</b>	
1. Entity Name <b>NORTH CAMPUS, LLC</b>	

Principal Place of Business <b>1031 LASALLE STREET JACKSONVILLE, FL 32207</b>	Mailing Address <b>1031 LASALLE STREET JACKSONVILLE, FL 32207</b>
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2. Principal Place of Business <b>6101 Gazebo Park Place N</b>	3. Mailing Address <b>6101 Gazebo Park Place N</b>
Suite, Apt. #, etc. <b>Suite 107</b>	Suite, Apt. #, etc. <b>Suite 107</b>
City & State <b>Jacksonville, FL</b>	City & State <b>Jacksonville, FL</b>
Zip <b>32257</b>	Country <b>USA</b>

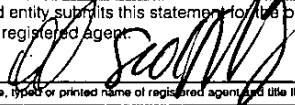


02232005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>56-2442210</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SHEFFIELD &amp; BOATRIGHT, P.A. 4209 BAYMEADOWS ROAD, STE. 4 JACKSONVILLE, FL 32217</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6101 GAZEBO PARK PLACE STE 101</b> City <b>FL</b> Zip Code <b>32257</b>
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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  <b>after</b>	DATE <b>4/28/05</b>

**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	MGR SHACTER, DAVID 1031 LASALLE STREET JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6101 GAZEBO PARK PLACE STE 101 32257</b>
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
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
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
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
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

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:  <b>DAVID A. SHACTER</b> , MGR	Date <b>04-28-2005</b>	Daytime Phone # <b>904-399-2501</b>
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