2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Jul 13, 2005 8:00 am Secretary of State **DOCUMENT # L04000031884** 1. Entity Name 05-03-2005 90014 037 ****50 00 ST. AUGUSTINE ROAD OFFICE CENTER, LLC Principal Place of Business Mailing Address 910 A 3RD ST 910 A 3RD ST 30010084 NEPTUNE BEACH, FL 32266 NEPTUNE BEACH, FL 32266 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07082005 CR2E083 (10/03) Cha-LLC City & State 4. FEI Number Applied For City & State 74-3124259 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOORE, SHIRLEY Street Address (P.O. Box Number is Not Acceptable) 4595 LEXINGTON AVE JACKSONVILLE, FL 32210 City Zlo 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CATE Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MINE TRUSTEE TITLE TITLE ☐ Delete ☐ Change Addition tsuay Formily Trust NAME NAME STREET ADDRESS Lexing ton Due STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 32210 TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TIT! F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 it 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.

IATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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		State	********	***********	DOLLARS 🗈
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1110100100	OF THIS TEDUCE IS THE SITE SECTION	lied with this filing does not qualify for to ate and that my signature shall have th or trustee empowered to execute this re	e tame lengi elleri e	Sil made under oath: the Para a	atutes. I further certify that the information managing member or manager of the
SIGNAT		D NAME OF SIGNING MANAGING MEMBER, MANA	GER, OR AUTHORIZED REP	PRESENTATIVE Date	. Dayline Phone #

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