2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT #L04000038975

SECRETARY OF STATE DIVISION AND ORATIONS 1 Entity Name 05 SEP 23 AH 10: 03 MARKET STREET & AVENUE D, LLC Principal Place of Business Mailing Address 1891 BEACH BOULEVARD, SUITE 200 1891 BEACH BOULEVARD, SUITE 200 JACKSONVILLE, FL 32250 JACKSONVILLE, FL 32250 2. Principal Place of Business 3. Mailing Address 1891 Beach Blvd. 1891 Beach Blvd. Suite, Apt. #, etc. Suite 200 Suite, Apt. #, etc. Suite 200 09212005 CR2E083 (10/03) Chg-LLC City & State City & State 4, FEI Number Applied For Jacksonville Beach, FL Jacksonville Beach, FL 86-1101262 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П 32250 USA 32250 USA A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Randolph, Cleveland W Jr RANDOLPH, CLEVELAND W JR 1891 BEACH BOULEVARD, SUITE 200 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32250 1891 Beach Blvd., Suite 200 _{City} Jacksonville Beach 32250 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. (NOTE: Registered Agent signature required when reinstating) Make check payable to Amended AR is \$50.00 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE TITLE Delete MGR Change Addition BERNSTEIN, ROSALIA M NAME NAME Randolph, Cleveland W Jr. STREET ADDRESS 1891 BEACH BLVD STE 200 STREET ADDRESS 1891 Beach Blvd., Suite 200 CiTY-ST-7IP JACKSONVILLE BEACH, FL 32250 CITY-ST-ZIP Jacksonville Beach, FL 32250 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 800059902568 CITY-ST-ZIP CITY-ST-7/P **200.00 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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-ZIP 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.

Manay W. Randolph, Jr., Manager

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