


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

02-22-2005 90072 033 ****50.00

DOCUMENT # L04000040335

1. Entity Name
 8691 WESTERN WAY, L.L.C.



Principal Place of Business
 C/O EASTON, SANDERSON & CO
 300 EAST STATE STREET
 JACKSONVILLE, FL 32226

Mailing Address
 C/O EASTON, SANDERSON & CO
 300 EAST STATE STREET
 JACKSONVILLE, FL 32226

30001813



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02102005 Chg-LLC CR2E083 (10/03)

City & State

4. FEI Number
 20-177437

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUSS, JOHN S IV
 FORD, JETER, BOWLUS, DUSS, MORGAN, KENNEY, SAFER
 10110 SAN JOSE BOULEVARD
 JACKSONVILLE, FL 32257

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 renewing)

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	MGRM EASTON, SAMUEL M JR 300 E. STATE STREET JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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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)(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: Samuel M Easton Jr Date: 11 Feb 05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE