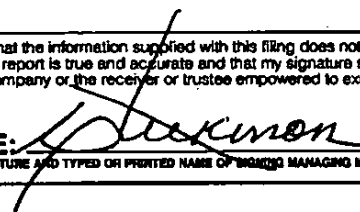


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-16-2005 90163 038 ****55.00

DOCUMENT # L04000045536 1. Entity Name NASSAU FARMS II, LLC																																																															
Principal Place of Business 9471 BAYMEADOWS ROAD, SUITE 402-403 JACKSONVILLE, FL 32256		Mailing Address 9471 BAYMEADOWS ROAD, SUITE 402-403 JACKSONVILLE, FL 32256																																																													
2. Principal Place of Business 9471 Baymeadows Rd Suite, Apt. #, etc. #403		3. Mailing Address 9471 Baymeadows Rd. Suite, Apt. #, etc. #403																																																													
City & State Jacksonville, FL		City & State Jacksonville, FL																																																													
Zip 32256		Zip 32256																																																													
Country US		Country US																																																													
4. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable																																																													
5. Name and Address of Current Registered Agent CURLEY, CHARLES R JR. 1301 RIVERPLACE BOULEVARD, SUITE 1500 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																													
6. 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 reappointing)) DATE _____																																																															
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																																																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td>Charles F. A.</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete		Charles F. A.								☐ Delete					☐ Delete					☐ Delete					☐ Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: center;">☐ Change ☒ Addition</td> </tr> <tr> <td></td> <td>Charles F. Atkerson, Jr.</td> <td>9471 Baymeadows Rd #403</td> <td>Jacksonville, FL 32256</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Addition</td> </tr> </table> LLC is a single owner entity. Therefore, the managing member's SS # is the ID #		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☒ Addition		Charles F. Atkerson, Jr.	9471 Baymeadows Rd #403	Jacksonville, FL 32256						☐ Change ☐ Addition					☐ Addition					☐ Addition					☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report is true and accurate and that my signature shall have the same limited liability company or the receiver or trustee empowered to execute this report.																																																															
SIGNATURE: 		Date: 2/10/05 904-739-2202 Daytime Phone #																																																													