

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90079 023 ***150.00

DOCUMENT # L04000060228
1. Entity Name DAWSON'S CREEK, L.L.C.

Principal Place of Business 1010 THE BLACKSTONE BUILDING 233 EAST BAY STREET JACKSONVILLE, FL 32202	Mailing Address 1010 THE BLACKSTONE BUILDING 233 EAST BAY STREET JACKSONVILLE, FL 32202
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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01142005	Chg-LLC	CR2E083 (10/03)
4. FEI Number 51-0520062	Applied For Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent DEAS, WILLIAM J 2215 RIVER BOULEVARD JACKSONVILLE, FL 32204
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7. Name and Address of New Registered Agent Name CARL D. DAWSON JR Street Address (P.O. Box Number is Not Acceptable) 233 B. BAY STREET The Blackstone Building # 1010 City JACKSONVILLE Zip Code 32202
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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 CARL D. DAWSON JR (NOTE: Registered Agent signature required when reinstating) DATE 2 3 +

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAWSON DEVELOPMENT COMPANY, INC. 233 EAST BAY ST., 1010 BLACKSTONE BLDG. JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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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: [Signature]