


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90023 017 ****50.00

DOCUMENT # L04000063753					
1. Entity Name 7007 BEACH BOULEVARD, LLC					
Principal Place of Business 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207			Mailing Address 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent DEMETREE, J.C. JR 3740 BEACH BLVD, SUITE 300 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	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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		<input type="checkbox"/> Delete	TITLE	MGMR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	J.C. Demetree, Jr.	
STREET ADDRESS			STREET ADDRESS	3740 Beach Blvd., Suite 300	
CITY - ST - ZIP			CITY - ST - ZIP	Jacksonville, FL 32207	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
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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.					
SIGNATURE: <u>J.C. Demetree, Jr.</u>			Date: <u>4/14/05</u>		Daytime Phone #: <u>(904) 398-7350</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

20038034



04132005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1556101 Applied For Not Applicable

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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		
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