## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 28, 2006 08:00 AM Secretary of State

1. Entity Name	MENT # L0400006 RE JESSUP DRIVE LLC				retary of State
	e of Business STREET, SUITE 1800 E, FL 32202	Malling Address PO BOX 53315 JACKSONVILLE, FL 3220	01-3315		
		Company of the company of	The Bush of the State of the St		
n	O NOT WOLT	T IN TUIC OF	NOT.	04262006 No Chg-LLC	CR2E083 (11/05)
ט	O NOT WELL	E IN THIS SP	ACE	4. FEI Number 20-2006665	Applied For Not Applicable
				5. Certificate of Status Desire	ed S5.00 Additional Fee Required
	6. Name and Address of Curr	ent Registered Agent		``, , , , , , , , , , , , , , , , , , ,	
SMITH HULSEY & BUSEY 225 WATER STREET, SUITE 1800 JACKSONVILLE, FL 32202				DO NOT I IN THIS S	PACE
<ol> <li>The above the obligate</li> </ol>	named entity submits this statement ions of registered agent.	nt for the purpose of changing its re	egistered office or regis	ered agent, or both, in the State of	of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of cognitional agent and the fil applicable. (NOTE: Registered Agent alguature require				red when reinstating)	DATE
FI Di	ling Fee is \$50.00 ue by May 1, 2006				
9.		MBERS/MANAGERS		A STATE OF THE PARTY OF THE PAR	The state of the s
TITLE NAME STREET ADDRESS CITY-ST-ZTP	MGRM WINDSLOW PROPERTIES, ! 225 WATER STREET JACKSONVILLE, FL 32202	rrc .		05/1i	00000541743 0/06-80068-003 50.00
Title Name Sireet address City-St-Zip	The state of the s				
TITLE MAME STREET ADDRESS DITY-ST-ZIP				DO NOT	WRITE

IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, 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 path; that I am a managing member or manager of the limited liability company or the report of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET AUDITESS
CITY-S1-ZEP
TITLE
HAME
STREET ADDRESS
CITY-S1-ZEP
TRICE
NAME
STREET ADDRESS
CITY-S1-ZEP

SIGNATURE AND THEE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

20106120

201-259-8630

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