


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90019 006 ****50.00

DOCUMENT # L04000073358	
1. Entity Name BUSINESS CONDOS USA, LLC	

Principal Place of Business 11202 ST. JOHNS INDUSTRIAL PARKWAY SUITE #1 JACKSONVILLE, FL 32246	Mailing Address 11202 ST. JOHNS INDUSTRIAL PARKWAY SUITE #1 JACKSONVILLE, FL 32246
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20029745



2. Principal Place of Business 3740 St. John's Bluff Rd. Suite, Apt. #, etc. #16	3. Mailing Address 3740 St. John's Bluff Rd. Suite, Apt. #, etc. #16
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03092005 Chg-LLC CR2E083 (10/03)

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32224	Zip 32224
Country USA	Country USA

4. FEI Number 20-1906925	Applied For Not Applicable
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5. Certificate of Status Desired - ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BLACKBURN & COMPANY, LC 5150 BELFORT ROAD SOUTH BUILDING 500 JACKSONVILLE, FL 32256	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSHAW, LARRY E 11202 ST. JOHNS INDUSTRIAL PARKWAY JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgr Walshaw, Larry E. 3740 St. John's Bluff Rd #16 Jacksonville, FL 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRADY, JAMES G 11202 ST. JOHNS INDUSTRIAL PARKWAY JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgr Brady, James G. 3740 St. John's Bluff Rd #16 Jacksonville, FL 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>James Brady</i> James Brady, mgr 4/8/05 904-928-4099	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
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