

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-12-2005 90019 001 ****50.00

20029750



03092005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000073369 1. Entity Name RETAIL CONDOS USA I, 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		
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			
City & State Jacksonville, FL Zip 32224		City & State Jacksonville, FL Zip 32224		4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLACKBURN & COMPANY, LC 5150 BELFORT ROAD SOUTH BUILDING 500 JACKSONVILLE, FL FL				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 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	mbr 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	mbr 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	
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>James Brady</u> James Brady, mgr. <u>4/12/05</u> <u>904-28-4099</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					