


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90035 048 ****50.00

DOCUMENT # L04000083780

1. Entity Name
 OLP11N2, LLC



Principal Place of Business
 11217 SAN JOSE BOULEVARD
 JACKSONVILLE, FL 32223


Mailing Address
 11217 SAN JOSE BOULEVARD
 JACKSONVILLE, FL 32223

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

14002140



04192005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent
 F & L CORP.
 ONE INDEPENDENT DRIVE, SUITE 1300
 JACKSONVILLE, FL 32202-3520

4. FEI Number
 26-0100317

Applied For
 Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P	ARNOLD, CHARLES W. III	11217 SAN JOSE BLVD, JACKSONVILLE, FL 32223		<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	HINSON, DAVID L	11217 SAN JOSE BLVD. JACKSONVILLE, FL 32223		<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	SKAFF, DANA R	11217 SAN JOSE BLVD. JACKSONVILLE, FL 32223		<input type="checkbox"/>	<input checked="" type="checkbox"/>
ST	JOHNSON, SUSAN K	11217 SAN JOSE BLVD. JACKSONVILLE, FL 32223		<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	UDELL, ROBERT E	11217 SAN JOSE BLVD. JACKSONVILLE, FL 32223		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **SUSAN JOHNSON** 4-25-05 904-880-0464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #