


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-27-2005 90035 044 \*\*\*\*50.00

<b>DOCUMENT # L04000083782</b> 1. Entity Name OLP11N3, 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		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				7. Name and Address of New Registered Agent	
F & L CORP. ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202-3520				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME <input type="checkbox"/> Delete		TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	ARNOLD, CHARLES W III	
STREET ADDRESS			STREET ADDRESS	11217 SAN JOSE BLVD.	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	HINSON, DAVID L	
STREET ADDRESS			STREET ADDRESS	11217 SAN JOSE BLVD.	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	SKAFF, DANA R	
STREET ADDRESS			STREET ADDRESS	11217 SAN JOSE BLVD.	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	JOHNSON, SUSAN K	
STREET ADDRESS			STREET ADDRESS	11217 SAN JOSE BLVD.	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	UDELL, ROBERT E	
STREET ADDRESS			STREET ADDRESS	11217 SAN JOSE BLVD.	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			SUSAN JOHNSON Date		4-25-05 904-880-0464 Daytime Phone #