

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088052

FILED
Aug 30, 2005
Secretary of State

Entity Name: CLARKSON DEKALB INVESTORS, L.L.C.

Current Principal Place of Business:

3100 UNIVERSITY BOULEVARD SOUTH STE 200
JACKSONVILLE, FL 32216

New Principal Place of Business:

3100 UNIVERSITY BOULEVARD SOUTH
SUITE 200
JACKSONVILLE, FL 32216

Current Mailing Address:

3100 UNIVERSITY BOULEVARD SOUTH STE 200
JACKSONVILLE, FL 32216

New Mailing Address:

3100 UNIVERSITY BOULEVARD SOUTH
SUITE 200
JACKSONVILLE, FL 32216

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BROWN, GERALDINE G
3100 UNIVERSITY BOULEVARD SOUTH STE 200
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

BROWN, GERALDINE G
3100 UNIVERSITY BOULEVARD SOUTH
SUITE 200
JACKSONVILLE, FL 32216 US

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.

SIGNATURE:

08/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THE CLARKSON COMPANY,
Address: 3100 UNIVERSITY BOULEVARD SOUTH STE 200
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHARLES A. CLARKSON

VP

08/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date