



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90020 021 ****50.00

DOCUMENT # L05000044214 1. Entity Name NORTH MAIN STREET OFFICE PARK, LLC					
Principal Place of Business 1309 ST JOHNS BLUFF ROAD, N, SUITE 104 JACKSONVILLE, FL 32225 US				Mailing Address 1309 ST JOHNS BLUFF ROAD, N, SUITE 104 JACKSONVILLE, FL 32225 US	
2. Principal Place of Business - No P.O. Box # 6507 West Beaver St. Suite, Apt. #, etc.		3. Mailing Address 6507 West Beaver St. Suite, Apt. #, etc.			
City & State Jacksonville, FL Zip 32254		City & State Jacksonville, FL Zip 32254		4. FEI Number 20-3843722	
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 SHULTZ, CHAD A 1309 SAINT JOHNS BLUFF ROAD N SUITE 104 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Chad Shultz Street Address (P.O. Box Number is Not Acceptable) 6507 West Beaver St. City Jacksonville FL Zip Code 32254	
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 <u>Chad Shultz</u> Chad Shultz 1/9/07 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHULTZ, CHAD A 1309 ST JOHNS BLUFF ROAD, N, SUITE 104 JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Chad Shultz 6507 West Beaver St. Jacksonville, FL 32254	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRANTLEY, LARRY 1309 ST JOHNS BLUFF ROAD, N, SUITE 104 JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Larry Brantley 6507 West Beaver St. Jacksonville, FL 32254	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Chad Shultz</u> Chad Shultz 1/9/07 904-773-3322 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					