FILED Feb 08, 2006 8:00 am Secretary of State 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

| DOCUMENT # L05000093498 1. Entity Name 2363 SWAN STREET LLC | | | | | | | 01-17-2006 | 5 90057 037 *** | **50.00 |
|---|--|-------------------------------------|---|--|-------------------------------------|---|-------------------------|---|----------|
| Principal Place of Business 300 EAST STATE STREET JACKSONVILLE, FL 32202 | | | Malling Addross 300 EAST STATE STREET JACKSONVILLE, FL 32202 | | 30000325 | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01052006 | Chg-LLC | CR2E083 (11/05) | | | |
| City & State | | City & State | | | 4. FEI Num. | -3531318 | , | oplied For of Applicable | |
| Zip | | Country | Zip | Coun | ntry | 5. Certificat | te of Status Desired | S5.00 Add Fee Require | |
| | 6Name | and Address of Current | Registered Agent | | Name | 7. Name en | id Address of New Reg | gistered Agent | |
| BROOKS, MICHAEL L 400 B EAST MONROE STREET JACKSONVILLE, FL 32202 | | | | | Street Address | ess (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | | | | |
| | | | | | City | | | FL Zip Cod | |
| 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 | Signature, typed | or printed name of registared agent | and title if applicable. (NOT | E: Registere | d Agent signsture require | nd when reinstating) | | DATE | |
| FI De | ling Fee I ue by Ma | is \$50.00 y 1, 2006 | | | | | | check payable to Department of State | • |
| 9. | MANAGING MEMBERS/MANAGERS 10 | | | | | | ADDITIONS/C | HANGES | |
| TITLE | MGR Detects EASTON SANDERSON & COMPANY | | | TITLE | | | | ☐ Change | Addition |
| STREET ADDRESS CITY-ST-ZIP | 300 EAST STATE STREET | | | STRE | ET ADDRESS -51-2#P | | | | |
| TITLE | | _ | ☐ Oelete | ims | · I | | | ☐ Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | E Et agoress -St-ZIP | | | | |
| TITLE | ☐ Delete TITL | | | | | | | ☐ Change | Addition |
| NAME STREET ADDRESS | ORESS | | | NAAKI STRE | E Et address | | | | |
| CITY-ST-ZIP | | | | | -ST-2IP | | | | |
| TITLE | | | Oeleta | INTE | | | | ☐ Change | Addition |
| STREET ADDRESS | | | | STREE | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | ☐ Delete | _ | -ST-ZIP | | | _ | |
| NAME | 1 | | | TITLE | | | | Change | Addition |
| STREET ADDRESS | | | | STRE | ET ADORESS | | | | |
| CITY-ST-ZIP | | | | CITY- | -ST-ZIP | | | | i |
| TITLE | | | ☐ Delete | CITY- | | | | Change | Addition |
| CITY-ST-ZIP TITLE NAME | | | ☐ Delete | TITLE NAME | | | | ☐ Change | Addition |
| TITLE | | | ☐ Delets | TITLE NAME STREE | | | | Change | Addition |
| TITLE HAME STREET ADDRESS CITY-ST-ZIP 11. I hereby c indicated | on this repor | rt is true and accurate and | Delets this filling does not quality to that my signature shall have empowered to execute this | TITLE NAME STREE CITY- The exertine same | ET ADDRESS .ST-ZP mptions contained | nado under ost | h∙ that I am a manacino | or outile that the infe | |
| TITLE HAME STREET ADDRESS CITY-ST-ZIP 11. I hereby c indicated | on this repor | rt is true and accurate and | this filling does not qualify lo | TITLE NAME STREE CITY- The exertine same | ET ADDRESS .ST-ZP mptions contained | nado under ost | h∙ that I am a manacino | or outile that the infe | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 23, 2006

2363 SWAN STREET LLC 300 EAST STATE STREET JACKSONVILLE, FL 32202

Subject: 2363 SWAN STREET LLC

Reference Number:

L05000093498

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION