

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000103934

1. Entity Name
B&J OFFICE SUITES, LLC



Principal Place of Business
6215 WILSON BLVD.
JACKSONVILLE, FL 32210

Mailing Address
P.O. BOX 7779
JACKSONVILLE, FL 32238

DO NOT WRITE IN THIS SPACE

**FILED
May 01, 2008 08:00 AM
Secretary of State**

04022008 No Chg-LLC CR2E083 (12/07)

| | |
|---|-------------------------------|
| 4. FEI Number 20-3684152 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

6. Name and Address of Current Registered Agent

STONEBURNER BERRY & SIMMONS, P.A.
841 PRUDENTIAL DRIVE, SUITE 1400
JACKSONVILLE, FL 32207

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IN THIS SPACE**

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME TOWERS, WILLIAM B JR.
STREET ADDRESS 6215 WILSON BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32210

U000000941624
05/28/08-80110-023 138.75

TITLE MGRM
NAME TOWERS, JOHN B
STREET ADDRESS 6215 WILSON BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32210

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IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

William B. Towers, Jr. 4-3008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #