


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90376 043 ****50.00

DOCUMENT # L06000001495 1. Entity Name BEACHWOOD OFFICE PARK, LLC					
Principal Place of Business % ROBERT O. MICKLER, ROGERS TOWERS, P.A. 1301 RIVERPLACE BLVD., STE. 1500 JACKSONVILLE, FL 32207			Mailing Address % ROBERT O. MICKLER, ROGERS TOWERS, P.A. 1301 RIVERPLACE BLVD., STE. 1500 JACKSONVILLE, FL 32207		
2. Principal Place of Business - No P.O. Box # 11645 Beach Boulevard		3. Mailing Address 11645 Beach Boulevard			
Suite, Apt. #, etc. #200		Suite, Apt. #, etc. #200			
City & State Jacksonville, FL		City & State Jacksonville, FL			
Zip 32246		Country		Zip 32246	
Country		4. FEI Number 20-4051732			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MICKLER, ROBERT O % ROBERT O. MICKLER, ROGERS TOWERS, P.A. 1301 RIVERPLACE BLVD., STE. 1500 JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name Pamela S. Stefansen Street Address (P.O. Box Number is Not Acceptable) 11645 Beach Boulevard, Suite 200 City Jacksonville FL Zip Code 32246		
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><i>Pamela S. Stefansen</i></u> 4/25/07 <small>Signature, typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reinstating) 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	Pamela S. Stefansen <input type="checkbox"/> Delete Manager 11645 Beach Blvd. #200 Jacksonville, FL 32246		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert O. Mickler <input type="checkbox"/> Delete Manager 1301 Riverplace Blvd. #1500 Jacksonville, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sheryl P. Bradford <input type="checkbox"/> Delete Manager 11645 Beach Blvd. #200 Jacksonville, FL 32246		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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><i>Pamela S. Stefansen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> PAMELA S. STEFANSEN, MANAGER			4/25/07 (904) 645-6555 <small>Date Daytime Phone #</small>		

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