2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025833

WOESTE, JOHN T

13866 WHITE HERON PLACE

JACKSONVILLE, FL 32224

Name:

Address:

City-St-Zip:

Entity Name: METROPOLITAN 705 INVESTMENT LLC

FILED Apr 21, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 820 PRUDENTIAL DRIVE, SUITE 606 JACKSONVILLE, FL 32207 **Current Mailing Address: New Mailing Address:** 820 PRUDENTIAL DRIVE, SUITE 606 JACKSONVILLE, FL 32207 FEI Number: 20-4561319 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NULAND, CHRISTOPHER L SCHROEDER, WILLIAM C 1000 RIVERSIDE DRIVE, SUITE 606 820 PRUDENTIAL DRIVE JACKSONVILLE, FL 32204 SUITE 606 JACKSONVILLE, FL 32207 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: WILLIAM C. SCHROEDER 04/21/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete RAPPAPORT, TODD Name: Name: 1901 1ST STREET NORTH, #1206 Address: Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: Title: MGRM Title: () Delete () Change () Addition JIMINEZ, J. FRANCISCO Name: Name: Address: 116 SEVEN IRON COURT Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DIXON, CHERYL L Name: Name: 144 SEA ISLAND DRIVE Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition QUIGLEY, TIMOTHY G Name: Name: Address: P.O. BOX 2413 Address: City-St-Zip: PONTE VEDRA, FL 32204 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: TODD A RAPPAPORT MGRM 04/21/2008