ANNUAL REPORT			ORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 26 AM 11: 19		
\$ 188		+ \$88.75 Corpor To: FLORIDA DE	ATION SUPPI PARTMENT	OF STATE	. .		
1 Name of Lim	and Mailing Address ited Liability Company	MENT #L9:	3000000	421			
San Jose Limited Company P.O. Box 52687 Jacksonville, FL 32201					1a. Principal Place of Business Address 50 North Laura Street Suite 3900 Jacksonville, FL 32202		
						,	
2 Principal Place of Business 2a. Mailin			ss	·	3. Date Organize	d or Qualified	3a. State of Formation
Cuita Ant	t # ata	Suite, Apl. #, etc.	Suite Ant A oto			3	Florida
Suite, Apt	I. #, etc.	Suite, Apr. #, etc.	Suite, Apt. #, etc.		4. FEI Number		Applied For
City & Sta	ale	City & State	City & State			3423	Not Applicable
Z-p Country		Zip Counti			5. Date of Last R		6. Certificate of Status Desired \$8.75 Additional Fee Required
	7. Name and Address of Current	Registered Agent		8. 1	Name and Address		tered Agent/Office
9. Pursui its registe as registe	ant to the provisions of Sections 608 416 red office or registered agent, or both, in the ered agent, and accept the obligations.		Statutes, the aborchange was aut	thorized by affirma	tive vote of a majority		
10. Title Managing Members/Managers			Business Street Address			City, State and Zip Code	
	Saoud, Edmond	884	3-1 San	Jose Blvd.		Jaksonville, FL	
MGR	}	J					onville, FL

INHSE10 R (12-98)

SIGNATURE: