

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000000889

1. Entity Name
PM SOUTHPARK CORPORATE CENTER, L.C.



Principal Place of Business
6260 DUPONT STATION CT STE 1
JACKSONVILLE, FL 32217

Mailing Address
6260 DUPONT STATION CT STE 1
JACKSONVILLE, FL 32217



01192004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3533134

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

TIMOTHY P. KELLY, P.A.
1016 LASALLE ST
JACKSONVILLE, FL 32207

**DO NOT WRITE
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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
PRICE, CHARLES B
6260 DUPONT STATION CT
JACKSONVILLE, FL 32217

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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U000000011797
01/23/04-80053-007 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

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

Charles Price

1/20/03

Date

904 367-1700

Daytime Phone #