2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000002369

1. Entity Name
INTUITION DEVELOPMENT HOLDINGS, L.L.C.

FILED
2004 JUN 10 PM 5:05
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6430 SOUTHPOINT PARKWAY SUITE 140 JACKSONVILLE, FL 32216	6430 SOUTHPOINT PARKWAY SUITE 140 JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE

06102004No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3538128
☐ Applied For
☐ Not Applicable

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

8. Name and Address of Current Registered Agent

VAN HORN, JAMES H
6430 SOUTHPOINT PARKWAY
SUITE 140
JACKSONVILLE, FL 32216

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when manually)

Filing Fee is $50.00
Due by September 8, 2004

400003801764
06/16/04--01046--001 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GRAHAM, DAVID G
STREET ADDRESS	6430 SOUTHPOINT PKWY #140
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	MGRM
NAME	COLLIER, CLAUDE W JR.
STREET ADDRESS	6430 SOUTHPOINT PARKWAY #140
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	MGRM
NAME	SETTLES, STEVEN R
STREET ADDRESS	6430 SOUTHPOINT PKWY. #140
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	MGRM
NAME	VAN HORN, JAMES
STREET ADDRESS	6430 SOUTHPOINT PARKWAY #140
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: James H Van Horn 6/15/04 904-421-7221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #