


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90020 007 \*\*\*\*50.00

<b>DOCUMENT # L98000003206</b> 1. Entity Name <b>TOC REAL ESTATE INVESTORS, L.L.C.</b>					
Principal Place of Business <b>1035 NW 57TH STREET GAINESVILLE, FL 32605</b>			Mailing Address <b>1035 NW 57TH STREET GAINESVILLE, FL 32605</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3549387</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HARRIS, FRED F ESQ. 101 EAST COLLEGE AVENUE TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLAKE, W. PRESTON M.D. 6900 N.W. 9TH BLVD. GAINESVILLE, FL 32605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUSH, CLINTON G III 720 S.W. 2ND AVENUE GAINESVILLE, FL 32601	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAFFE, EDWARD M M.D. 720 S.W. 2ND AVENUE GAINESVILLE, FL 32601	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNEDY, KIPP W M.D. 1121 NW 64TH TERRACE GAINESVILLE, FL 32605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANE, TIMOTHY M.D. 720 S.W. 2ND AVENUE GAINESVILLE, FL 32601	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARR, PHILLIP L M.D. 6900 N.W. 9TH BLVD. GAINESVILLE, FL 32605	<input type="checkbox"/> Delete			
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: <u>Michael A. Anderson</u> <b>MICHAEL A. ANDERSON, CFO</b> <span style="float: right;"><b>4/23/04</b> <b>352-332-6565 EXT. 25</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		

*Attachments*  
*24056644*

**Attachment to 2004 Limited Liability Company Uniform Business Report (UBR)**

**Entity Name:** TOC Real Estate Investors, L.L.C. (Document #: L98000003206)

**In addition to the Managing Members / Managers listed in Box 9, listed below are the names of all other Managing Members and Managers:**

**Title** MGRM  
**Name** Slattery, James B.  
**Street Address** 1015 NW 56th Terrace  
**City-St-Zip** Gainesville, FL 32605

**Title** MGRM  
**Name** Petty, Mark A.  
**Street Address** 720 SW 2nd Avenue, Suite 360  
**City-St-Zip** Gainesville, FL 32605

**Title** MGRM  
**Name** Kabeer, Adil  
**Street Address** 1015 NW 56th Terrace  
**City-St-Zip** Gainesville, FL 32605

**Title** MGRM  
**Name** Sharkey, Arthur M.  
**Street Address** 1015 NW 56th Terrace  
**City-St-Zip** Gainesville, FL 32605

**Title** MGRM  
**Name** Maxey, Amanda G.  
**Street Address** 720 SW 2nd Avenue, Suite 360  
**City-St-Zip** Gainesville, FL 32605

**Title** MGRM  
**Name** Powell, Rodger D.  
**Street Address** 1015 NW 56th Terrace  
**City-St-Zip** Gainesville, FL 32605

**Title** MGRM  
**Name** Stevenson, John C.  
**Street Address** 1121 NW 64th Terrace  
**City-St-Zip** Gainesville, FL 32605

**Title** MGRM  
**Name** Waters, J. Stephen  
**Street Address** 720 SW 2nd Avenue, Suite 360  
**City-St-Zip** Gainesville, FL 32605

**Title** MGRM  
**Name** Ellis, Frank D.  
**Street Address** 720 SW 2nd Avenue, Suite 360  
**City-St-Zip** Gainesville, FL 32605

**Title** MGR - CEO  
**Name** Brill, Eric J.  
**Street Address** 1035 NW 57th Street  
**City-St-Zip** Gainesville, FL 32605

**Title** MGR - CFO  
**Name** Anderson, Michael A.  
**Street Address** 1035 NW 57th Street  
**City-St-Zip** Gainesville, FL 32605