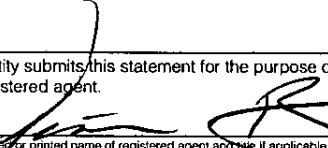
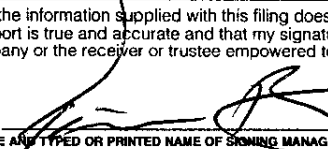


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90449 035 ****50.00

DOCUMENT # L99000000279					
1. Entity Name 1200 SHETTER AVENUE, L.C.					
Principal Place of Business 2111 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH, FL 32082			Mailing Address 2111 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business 1200 SHETTER AVE Suite, Apt. #, etc.		3. Mailing Address 1200 SHETTER AVE Suite, Apt. #, etc.		24049666 	
City & State JACKSONVILLE Bch, FL		City & State JACKSONVILLE Bch, FL		4. FEI Number 59-3550122	
Zip 32250		Country DUAL		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BENNER, TIMOTHY J 2111 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH, FL 32082				7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) 1200 SHETTER AVE City: JACKSONVILLE Bch, FL Zip Code: 32250	
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:  <u>Timothy Benner</u> 4/19/04 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		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BENNER, TIMOTHY J 2111 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH, FL 32082	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1200 SHETTER AVE JACKSONVILLE Bch, FL 32250	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KIRSCHMAN, ARTHUR 1216 SALT CIRCLE ISLAND DRIVE PONTE VEDRA BEACH, FL 32082	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1200 SHETTER AVE JACKSONVILLE Bch, FL 32250	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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>Timothy Benner</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4/19/04 904-273-1111 Date Daytime Phone #		