


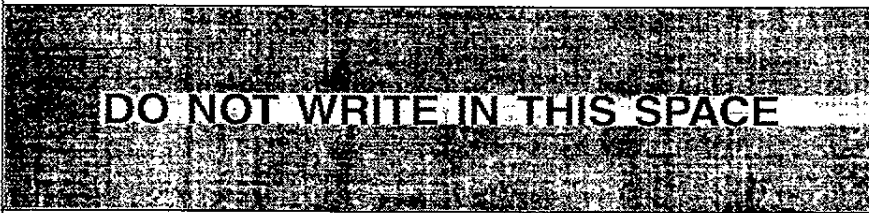
**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000001094  
 1. Entity Name  
 U.S. 1 OFFICE AND DISTRIBUTION CENTER, L.L.C.



Principal Place of Business ONE INDEPENDENT DR., SUITE 114 JACKSONVILLE, FL 32202	Mailing Address ONE INDEPENDENT DR., SUITE 114 JACKSONVILLE, FL 32202
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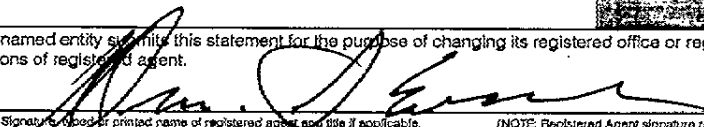

04052004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 59-3565110	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 EVANS, WILLIAM G  
 ONE INDEPENDENT DR., SUITE 114  
 JACKSONVILLE, FL 32202



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: \_\_\_\_\_

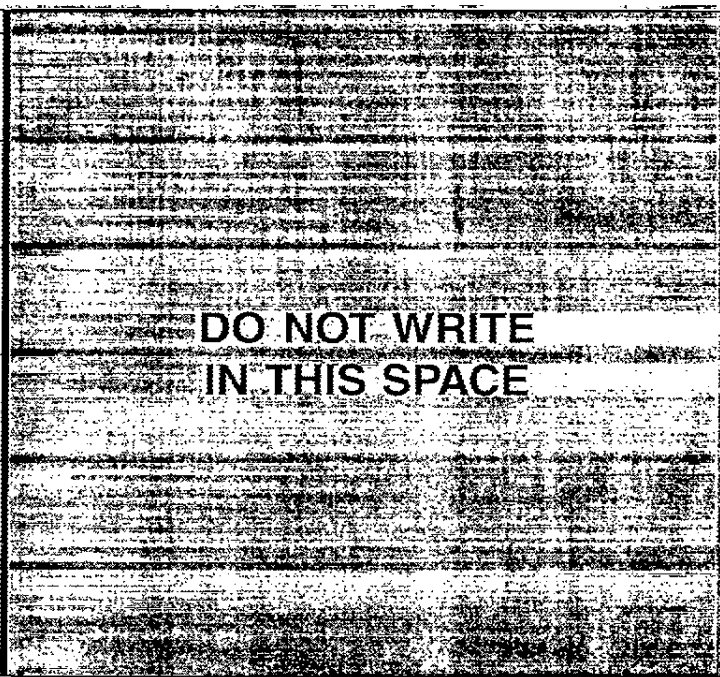
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

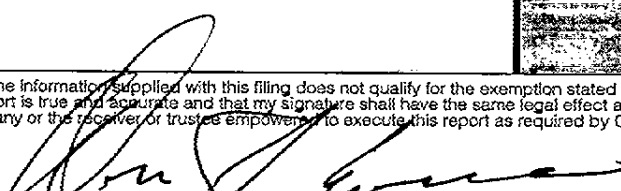
U00000125456  
 04/22/04-80084-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAYMEADOWS BUSINESS CENTER, LLC ONE INDEPENDENT DRIVE STE 114 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(l), 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 605, Florida Statutes.

SIGNATURE:  DATE: 4/20/04 DAYTIME PHONE: (904) 356-1978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #