

**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



04052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3565110

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EVANS, WILLIAM G
ONE INDEPENDENT DR., SUITE 114
JACKSONVILLE, FL 32202

**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)
Signature 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

U000000125456
04/22/04-80084-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BAYMEADOWS BUSINESS CENTER, LLC
STREET ADDRESS	ONE INDEPENDENT DRIVE STE 114
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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:

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

4/20/04

(904)356-1978

Date

Daytime Phone #