


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2005 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

**DO NOT WRITE IN THIS SPACE**



04262005 No Chg-LLC CR2E083 (10/03)

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

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE: \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAYMEADOWS BUSINESS CENTER, LLC ONE INDEPENDENT DRIVE STE 114 JACKSONVILLE, FL 32202
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 05/04/05-80117-001 50.00

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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)(f), 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: *Wm G Evans* Principal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE: Wm. G. Evans

Date: 04/28/05 Daytime Phone #: 356-1978 (904)