


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000004655 1. Entity Name DLAC/WRI, L.L.C.	
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Principal Place of Business
1819 ALBERT STREET
JACKSONVILLE, FL 32202

Mailing Address
PO BOX 330569
JACKSONVILLE, FL 32233-0569



01192005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3591420	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DALE, HOWARD L
200 WEST FORSYTH ST
SUITE 1100
JACKSONVILLE, FL 32202-4308

**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, 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, 2005**

1100000198854
01/27/05-80069-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DIXON, CARLTON 2050 FORBES STREET JACKSONVILLE, FL 32204
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JENKINS, STEVEN T 251 LEVY ROAD ATLANTIC BEACH, FL 32233
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(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: Posey H. Jenkins Posey H. Jenkins, Sec/Treasurer 1/24/05 (904)241-2200

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

Date

Daytime Phone #