2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M00000001161

1. Entity Name
FLORIDA OFFICE OWNERS LLC

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

DO NOT WRITE IN THIS SPACE

04052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3648308

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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

000000125453
04/22/04-80084-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LB JACKSONVILLE LLC
STREET ADDRESS	399 PARK AVE 8TH FLR
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	MGR
NAME	CAPITAL PARTNERS - JAX LLC
STREET ADDRESS	ONE INDEPENDENT DR. STE. 114
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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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)(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: _____ 4/20/04 (904)356-1978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #