

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 ONE INDEPENDENT DR. STE. 114 JACKSONVILLE, FL 32202	Mailing Address ONE INDEPENDENT DR. STE. 114 JACKSONVILLE, FL 32202
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DO NOT WRITE IN THIS SPACE



04052004 No Chg-LLC CR2E083 (10/03)

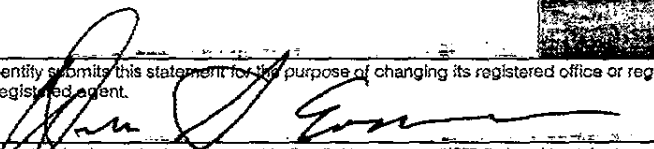
4. FEI Number 59-3648308	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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:  DATE: _____

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

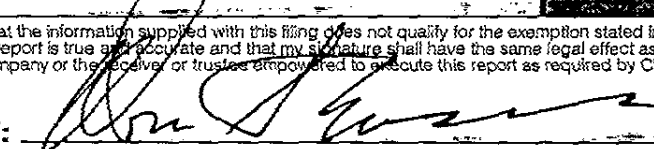
000000125453
04/22/04-80084-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LB JACKSONVILLE LLC 399 PARK AVE 8TH FLR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPITAL PARTNERS - JAX LLC ONE INDEPENDENT DR. STE. 114 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(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 606, Florida Statutes.

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