


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000001161 1. Entity Name FLORIDA OFFICE OWNERS LLC	
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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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04262005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3648308	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____
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**

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
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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)(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: Wm G Evans Principal 04-28-05 356-1978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Wm G Evans