

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001209

FILED
Apr 29, 2005
Secretary of State

Entity Name: HENRICHSEN/SIEGEL, P.L.L.C.

Current Principal Place of Business:

1648 OSCEOLA STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

1648 OSCEOLA STREET
JACKSONVILLE, FL 32204

Current Mailing Address:

1648 OSCEOLA STREET
JACKSONVILLE, FL 32202

New Mailing Address:

1648 OSCEOLA STREET
JACKSONVILLE, FL 32204

FEI Number: 52-2210910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENRICHSEN, NEIL L
1648 OSCEOLA STREET
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

HENRICHSEN, NEIL L
1648 OSCEOLA STREET
JACKSONVILLE, FL 32204 US

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.

SIGNATURE:

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HENRICHSEN, NEIL L
Address: 1648 OSCEOLA STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM () Delete
Name: SIEGEL, ERIC
Address: 1850 M STREET NW, SUITE 250
City-St-Zip: WASHINGTON, DC 20036

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: SIEGEL, ERIC
Address: 5301 WISCONSIN AVENUE, NW SUITE 570
City-St-Zip: WASHINGTON, DC 20015

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: NEIL L. HENRICHSEN

MGRM

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date