

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90008 022 \*\*\*\*50.00

<b>DOCUMENT # M01000002664</b>	
1. Entity Name <b>PALOMAR COMMERCE CENTER, LLC</b>	



Principal Place of Business <del>11512 EL CAMINO REAL SUITE 100</del> <del>SAN DIEGO, CA 92130</del>	Mailing Address <b>11512 EL CAMINO REAL SUITE 100</b> <b>SAN DIEGO, CA 92130</b>
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**20002900**



2. Principal Place of Business <b>9727 Touchton Rd</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01062005 Chg-LLC CR2E083 (10/03)

City & State <b>Jacksonville FL</b>	City & State
Zip <b>32246</b>	Country

4. FEI Number <b>33-0676681</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>F&amp;L CORP.</b> <b>ONE INDEPENDENT DRIVE</b> <b>SUITE 1300</b> <b>JACKSONVILLE, FL 32202</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>DOUGLAS ALLRED COMPANY</b> <b>11512 EL CAMINO REAL SUITE 100</b> <b>SAN DIEGO, CA 92130</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Bryan D. Putnam **Bryan D. Putnam** 1/6/05 858 7930202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #