## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 23, 2004 8:00 am Secretary of State

DOCUMENT # M0200001210  1. Entity Name 215 SOUTH MONROE STREET LLC							04-23	-2004 9	90011 00	7 ****50	0.00
Principal Place of Business ONE INDEPENDENT DR. SUITE 114 JACKSONVILLE, FL 32202		Mailing Address ONE INDEPENDENT DR. SUITE 114 JACKSONVILLE, FL 32202							.4051 		1 <b>72</b> 1, 111, 1 <b>53</b> 1
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04202004	Chg-L	LC	CR2E0	33 (10/03)	
City & Stat	е	City & State				4. FEI Numb		,		<del></del>	plied For Applicable
Zip	Country	Zip Cour					e of Status [	Sesired		\$5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent				7. Name an	d Address	f New R	egistered A	gent	
EVANS, W			}	Name Street A	.ddress (F	.O. Box Numl	beris Not Ar	centable			<del></del>
SUITE 114	PENDENT DRIVE   									·	<u></u>
JAOROON	/ SZZ0Z			City					FL	Zip Cod	ę
8. The above the obligat	named entity submits this statement fo	r the purpose of changing its	registere	d office o	r registere	d agent, or b	oth, in the St	ate of Flo	xida. Iam f	amiliar with,	and accept
_	/ / /										
SIGNATURE .	Signature Award or chored name of recistered agent.	and title to Molicable (NOTE	F: Bedisteren	1 Agent signal	ura rabilired	when reinstating)			DATE		
	Signature Ayelid or phyted name of registered agent	and title trapplicable. (NOTE	E: Registered	1 Agent signal	ture required	when reinstating)			DATE		·
Fi	Signature Justice or protect name of registered agent.  Illing Fee is \$50.00  ue by May 1, 2004	and title it sublicable (NOTI	E: Registered	d Agent signal	lura required	when reinstating)			e check pa	ayable to ent of State	3
Fi	iling Fee is \$50.00		E. Registered				ADI	Florida OITIONS/	e check pa a Departme	ent of State	
9. IITLE NAME STREET ADDRESS	iling Fee is \$50.00 ue by May 1, 2004  MANAGING MEMBE  MGR FLORIDA OFFICE OWNERS LLC ONE INDEPENDENT DR., SUITE	RS/MANAGERS Delete	10. TITLE NAME STREE				Monro Dende	Florida OITIONS/	e check pa a Departme	ent of State	
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I hereby certify that the information supplies twith 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 according 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: RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE