## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **DOCUMENT # M03000003769**



FILED Apr 26, 2007 8:00 am Secretary of State

04-26-2007 90043 043 \*\*\*\*50 00

1. Entity Name ONE INDEPENDENT SQUARE LLC								04-20-2007		30	
Principal Place of Business ONE INDEPENDENT DR, STE 114 JACKSONVILLE, FL 32202  Mailing Address ONE INDEPENDENT DR, JACKSONVILLE, FL 32202						14					
<b>6</b> D:	Name of David	N	. 1								
2. Principal Place of Business - No P.O. Box # 3. Ma One Independent Drive				3. Mailing Address	· · · · · · · · · · · · · · · · · · ·			<b>15</b>    <b> </b>			
Suite, Apt. #, etc.				One Independent Drive Suite, Apt. #, etc.			04040007				
Suite 1850				Suite 1850			04242007	Chg-LLC	CR2E083	(12/06)	
City & State	ity & State Jacksonville, FL			City & State	т	4. FEI Numl				plied For	
7:		Country		Coun		30-02		_ <b>¢</b> 5	No:	t Applicable	
32.	202	,		32202		,	5. Certificat	e of Status Desired		Required	
	6. Name	and Address of	Current Re	egistered Agent			7. Name an	d Address of New R	tegistered Age	nt	
EVANS, WILLIAM G ONE INDEPENDENT OR STEME Suite 1850						Name Street Addr	ess (P.O. Box Num	ber is Not Acceptable	<u> </u>	<u>-</u>	_
JACKSON			2 5	Suite 1850					· · · · · · · · · · · · · · · · · · ·		
,						City			FL	Zip Code	•
	named entiti tions of regist		atement for t	he purpose of changing its	s registere	ed office or req	gistered agent, or b	oth, in the State of Fk	orida. I am fam	iliar with, a	and accept
SIGNATURE .	Signature, typed	or printed name of regis	istered agent and	1 title if applicable. (NO	TE: Registere	d Agent signature re	equired when reinstating)	<del></del>	DATE		<u>-</u>
<del></del>					•		9/		<u> </u>		
Filing Fee Is \$50.00 Due by May 1, 2007									e check paya a Department		•
								I			
9.		MANAGINO	G MEMBERS	S/MANAGERS	10.			ADDITIONS,	CHANGES		
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