## **2008 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

Apr 28, 2008 8:00 am Secretary of State **DOCUMENT # M03000003971** 04-28-2008 90041 006 \*\*\*138.75 SUBURBAN OWNER LLC Principal Place of Business Mailing Address UUUMUU1 1 ONE INDEPENDENT DRIVE, SUITE 1850 ONE INDEPENDENT DRIVE, SUITE 1850 JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112008 Chg-LLC CR2E083 (12/06) City & State 4 FEI Number Applied For City & State 56-2418860 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EVANS, WILLIAM G ONE INDEPENDENT DR STE 1850 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32202 City Zip Code FI 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138,75 After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. **MGRM** ☐ Change ■ Addition TITLE ☐ Delete TITLE SUBURBAN MANAGER LLC NAME NAME ONE INDEPENDENT DRIVE SUITE 1850 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32202 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

CITY-ST-ZIP

FILED