2005 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** May 02, 2005 08:00 AM Secretary of State **DOCUMENT # M03000004028** DEERWOOD OFFICE BUILDINGS LLC Principal Place of Business Mailing Address ONE INDEPENDENT DR STE 114 ONE INDEPENDENT DR STE 114 JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 04262005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 75-3141362 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EVANS, WILLIAM G DO NOT WRITE ONE INDEPENDENT DR STE 114 JACKSONVILLE, FL 32202 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGRM TITLE DEERWOOD_OFFICE MANAGER LLC NAME STREET ADDRESS ONE INDEPENDENT CENTER DRIVE, SUITE 114 CITY-ST-ZIP JACKSONVILLE, FL 32202 U00000358516 05/04/05-80117-010 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 11. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZI