2005 LIMITED LIABILITY COMPANY

FILED Apr 15, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # M04000003650 1. Entity Name PACÉ MOB MANAGER, LLC Principal Place of Business Mailing Address 2204 LAKESHORE DRIVE, SUITE 215 2204 LAKESHORE DRIVE, SUITE 215 BIRMINGHAM, AL 35209 BIRMINGHAM, AL 35209 04042005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1513514 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9, MGR TITLE JOHNSON DEVELOPMENT, L.L.C. NAME 2204 LAKESHORE DRIVE, SUITE 215 STREET ADDRESS CITY-ST-ZiP BIRMINGHAM, AL 35209 TITLE 04/15/05-80067-025 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

MEMBER, OR AUTHORIZED REPRESENTATIVE