
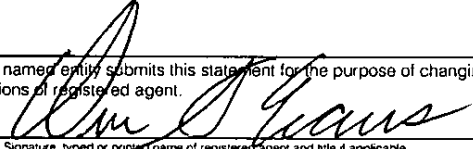
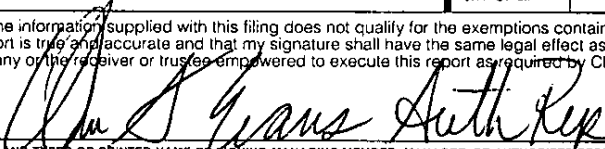


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90044 033 \*\*\*\*50.00

DOCUMENT # M05000002072					
<b>1. Entity Name</b> CBD PARKING MANAGER LLC					
<b>Principal Place of Business</b> C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT CENTER DRIVE STE 114 JACKSONVILLE, FL 32202			<b>Mailing Address</b> C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT CENTER DRIVE STE 114 JACKSONVILLE, FL 32202		
<b>2. Principal Place of Business</b> One Independent Dr. Suite, Apt. #, etc. Suite 114 City & State Jacksonville, FL Zip 32202		<b>3. Mailing Address</b> One Independent Dr. Suite, Apt. #, etc. Suite 114 City & State Jacksonville, FL Zip 32202			
04212006    Chg-LLC    CR2E083 (11/05)				<b>4. FEI Number</b> APPLIED FOR 20-2827305	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> NRAI SERVICE, INC. 2731 EXECUTIVE PARK DRIVE STE 4 WESTIN, FL 33331			<b>7. Name and Address of New Registered Agent</b> Name: William G. Evans Street Address (P.O. Box Number is Not Acceptable) One Independent Dr., Ste 114 City: Jacksonville    FL    Zip Code: 32202		
<b>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.</b> SIGNATURE:  DATE: 04-28-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JAX-ISQ, LLC ONE INDEPENDENT CENTER DRIVE STE 114 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	One Independent Drive, Suite 114	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>11. I hereby certify that the information supplied with this filing 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.</b>					
<b>SIGNATURE:</b> 			04-28-06    904/356-1978		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date    Daytime Phone #</small>		