


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-26-2007 90043 046 ****50.00

DOCUMENT # M05000002072	
1. Entity Name CBD PARKING MANAGER LLC	

Principal Place of Business C/O CAPITAL PARTNERS, INC ONE INDEPENDENT DRIVE STE 114 JACKSONVILLE, FL 32202	Mailing Address C/O CAPITAL PARTNERS, INC ONE INDEPENDENT DRIVE STE 114 JACKSONVILLE, FL 32202
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2. Principal Place of Business - No P.O. Box # One Independent Drive	3. Mailing Address One Independent Drive
Suite, Apt. #, etc. Suite 1850	Suite, Apt. #, etc. Suite 1850
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32202 Country	Zip 32202 Country

00041003



04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2827305	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent EVANS, WILLIAM G ONE INDEPENDENT DR STE 114 JACKSONVILLE, FL 32202	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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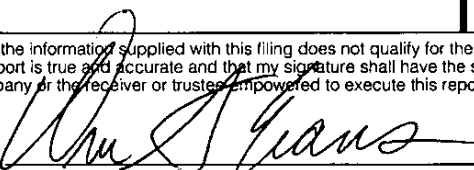
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAX-ISQ, LLC ONE INDEPENDENT DR STE 114 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 1850 <input checked="" 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
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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

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.

SIGNATURE: 	Authorized Representative	4/24/07 (904) 356-1978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #