


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2006 90044 042 ****50.00

DOCUMENT # M05000002630	
1. Entity Name 101 NMS TALL OWNER LLC	

Principal Place of Business ONE INDEPENDENT CETNER DRIVE SUITE 114 JACKSONVILLE, FL 32202	Mailing Address ONE INDEPENDENT CETNER DRIVE SUITE 114 JACKSONVILLE, FL 32202
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20043259



2. Principal Place of Business One Independent Dr. Suite, Apt. #, etc. Ste 114 City & State Jacksonville FL Zip 32202	3. Mailing Address One Independent Dr. Suite, Apt. #, etc. Ste 114 City & State Jacksonville FL Zip 32202
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04212006 Chg-LLC CR2E083 (11/05)

4. FEI Number
APPLIED FOR 20-2908449

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTIN, FL 33331	7. Name and Address of New Registered Agent Name William G. Evans Street Address (P.O. Box Number is Not Acceptable) One Independent Drive, Ste 114 City Jacksonville FL Zip Code 32202
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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 William G. Evans (NOTE: Registered Agent signature required when reinstating) DATE 04-28-06

Filing Fee is \$50.00 Due by May 1, 2006	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 101 NMS TALL MANAGER LLC ONE INDEPENDENT CETNER DRIVE JACKSONVILLE, FL 32202 <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 605, Florida Statutes.

SIGNATURE: William G. Evans Date 04-28-06 Daytime Phone # 904/356-1978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE