

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002630

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: 101 NMS TALL OWNER LLC

**Current Principal Place of Business:**

ONE INDEPENDENT DR STE 1850  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

ONE INDEPENDENT DR STE 1850  
JACKSONVILLE, FL 32202

**New Mailing Address:**

FEI Number: 20-2908449

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EVANS, WILLIAM G  
ONE INDEPENDENT DR STE 1850  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

PRATT, HENRY F III  
ONE INDEPENDENT DR STE 1850  
JACKSONVILLE, FL 32202 US

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.

SIGNATURE: HENRY F. PRATT, III

04/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: 101 NMS TALL MANAGER LLC  
Address: ONE INDEPENDENT DR STE 1850  
City-St-Zip: JACKSONVILLE, FL 32202

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HENRY F. PRATT, III

MBR

04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date