

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2006 90044 046 \*\*\*\*50.00

<b>DOCUMENT # M05000002632</b> 1. Entity Name 5660 WCS TAMPA OWNER LLC					
Principal Place of Business ONE INDEPENDENT CENTER DRIVE SUITE 114 JACKSONVILLE, FL 32202			Mailing Address ONE INDEPENDENT CENTER DRIVE SUITE 114 JACKSONVILLE, FL 32202		
2. Principal Place of Business <i>One Independent Dr.</i> Suite, Apt. #, etc. <i>Ste 114</i> City & State <i>Jacksonville FL</i> Zip <i>32202</i> Country		3. Mailing Address <i>One Independent Dr.</i> Suite, Apt. #, etc. <i>Ste 114</i> City & State <i>Jacksonville FL</i> Zip <i>32202</i> Country			
04212006 Chg-LLC CR2E083 (11/05)				4. FEI Number 20-2738228	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 <i>William G. Evans</i> Street Address (P.O. Box Number is Not Acceptable) <i>One Independent Drive, Ste 114</i> City <i>Jacksonville</i> State <i>FL</i> Zip Code <i>32202</i>		
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 <i>William G. Evans</i> DATE <i>4/28/06</i> <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 5660 WCS TAMPA MANAGER LLC ONE INDEPENDENT CENTER DRIVE JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>One Independent Drive, Ste 114</i>	
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	
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: <i>William G. Evans Auth Rep</i> DATE: <i>04-28-06</i> DAYTIME PHONE #: <i>904/356-1978</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					