

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2006 90044 047 ****50.00

DOCUMENT # M05000002634 1. Entity Name 5840 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>		3. Mailing Address <i>One Independent Dr.</i>																											
Suite, Apt. #, etc. <i>Ste 114</i>		Suite, Apt. #, etc. <i>Ste 114</i>																											
City & State <i>Jacksonville FL</i>		City & State <i>Jacksonville FL</i>																											
Zip <i>32202</i>		Zip <i>32202</i>		Country 																									
4. FEI Number 20-2738317																													
5. Certificate of Status Desired <input type="checkbox"/> \$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 <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> FL 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>MGRM</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>5840 WCS TAMPA MANAGER LLC</td> <td></td> </tr> <tr> <td></td> <td>ONE INDEPENDENT CENTER DRIVE</td> <td></td> </tr> <tr> <td></td> <td>JACKSONVILLE, FL 32202</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	MGRM		CITY-ST-ZIP	5840 WCS TAMPA MANAGER LLC			ONE INDEPENDENT CENTER DRIVE			JACKSONVILLE, FL 32202		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td><i>One Independent Drive, Ste 114</i></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	<i>One Independent Drive, Ste 114</i>		CITY-ST-ZIP		
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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</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>																													