

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2006 90044 043 \*\*\*\*50.00

DOCUMENT # M05000002796	
1. Entity Name 101 NMS TALL MANAGER LLC	



Principal Place of Business % CAPITAL PARTNERS, INC. ONE INDEPENDENT CENTER DRIVE, SUITE 114 JACKSONVILLE, FL 32202	Mailing Address % CAPITAL PARTNERS, INC. ONE INDEPENDENT CENTER DRIVE, SUITE 114 JACKSONVILLE, FL 32202
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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 20-2908426	Applied For <input type="checkbox"/> Not Applicable
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 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* DATE 04-28-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 TALL HOLDINGS LLC % ONE INDEPENDENT CENTER DRIVE, SUITE 114 JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		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		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 689, Florida Statutes.

SIGNATURE: *William G. Evans* AUTH Rep 04-28-06 904/356-1978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #