


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90042 034 ****50.00

DOCUMENT # M05000002796

1. Entity Name
 101 NMS TALL MANAGER LLC



Principal Place of Business
 % CAPITAL PARTNERS, INC
 ONE INDEPENDENT DRIVE, SUITE 114
 JACKSONVILLE, FL 32202

Mailing Address
 % CAPITAL PARTNERS, INC
 ONE INDEPENDENT DRIVE, SUITE 114
 JACKSONVILLE, FL 32202

60041593



2. Principal Place of Business - No P.O. Box #
One Independent Drive
 Suite, Apt. #, etc.
Suite 1850
 City & State
Jacksonville, FL

3. Mailing Address
One Independent Drive
 Suite, Apt. #, etc.
Suite 1850
 City & State
Jacksonville, FL

Zip **32202** Country
 Zip **32202** Country

04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2908426 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
EVANS, WILLIAM G
ONE INDEPENDENT DR STE 114 **Suite 1850**
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>One Independent Dr., Ste 1850</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: *William G Evans* Authorized Representative **4/24/07 (904) 356-1978**

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