


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2006 90044 049 ****50.00

DOCUMENT # M05000003705		
1. Entity Name NCFLA LAND MANAGER LLC		

Principal Place of Business C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT CENTER DRIVE, SUITE 114 JACKSONVILLE, FL 32202	Mailing Address C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT CENTER DRIVE, SUITE 114 JACKSONVILLE, FL 32202
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2. Principal Place of Business <i>One Independent Dr.</i> Suite, Apt. #, etc. <i>Ste 114</i> City & State <i>Jacksonville FL</i>	3. Mailing Address <i>One Independent Dr.</i> Suite, Apt. #, etc. <i>Ste 114</i> City & State <i>Jacksonville FL</i>
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Zip <i>32202</i>	Country	Zip <i>32202</i>	Country
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6. Name and Address of Current Registered Agent EVANS, WILLIAM G C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT CENTER DRIVE, SUITE 114 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 MCFLA III LLC ONE INDEPENDENT CENTER DRIVE, SUITE 114 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCFLA III LLC One Independent Drive, Ste 114 Jacksonville, FL 32202 <input checked="" 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
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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 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 #