

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000003706

**Entity Name:** NCFLA II MANAGER LLC

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

ONE INDEPENDENT DRIVE, SUITE 1850  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE INDEPENDENT DRIVE, SUITE 1850  
JACKSONVILLE, FL 32202 US

**New Mailing Address:**

**FEI Number:** 20-3117001

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRATT, HENRY F III  
ONE INDEPENDENT DR STE 1850  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NCFLA I, LLC.  
Address: ONE INDEPENDENT DRIVE, SUITE 1850  
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: NCFLA I, LLC.

MGRM

04/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date