


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2006 90043 003 \*\*\*\*50.00

DOCUMENT # M05000003711		
1. Entity Name NCFLA II OWNER LLC		

Principal Place of Business ONE INDEPENDENT <del>CENTER</del> DRIVE, SUITE 114 C/O CAPITAL PARTNERS, INC. JACKSONVILLE, FL 32202	Mailing Address ONE INDEPENDENT <del>CENTER</del> DRIVE, SUITE 114 C/O CAPITAL PARTNERS, INC. JACKSONVILLE, FL 32202
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20043248



2. Principal Place of Business <i>One Independent Dr</i>		3. Mailing Address <i>One Independent Drive</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>	Country	Zip <i>32202</i>	Country

04212006 Chg-LLC CR2E083 (11/05)

4. FEI Number APPLIED FOR <i>20-3117027</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent EVANS, WILLIAM G ONE INDEPENDENT <del>CENTER</del> DRIVE, SUITE 114 C/O CAPITAL PARTNERS, INC. JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 NCFLA II MANAGER LLC <input type="checkbox"/> Delete ONE INDEPENDENT <del>CENTER</del> 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 Drive, Ste 114</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* 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 #