


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2006 90043 002 ****50.00

DOCUMENT # M05000003712	
1. Entity Name FLA OWNER 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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20043249



2. Principal Place of Business <i>One Independent Dr.</i> Suite, Apt. #, etc. <i>Suite 114</i> City & State <i>Jacksonville FL</i> Zip <i>32202</i>	3. Mailing Address <i>One Independent Dr.</i> Suite, Apt. #, etc. <i>Suite 114</i> City & State <i>Jacksonville FL</i> Zip <i>32202</i>
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04212006 Chg-LLC CR2E083 (11/05)

4. FEI Number APPLIED FOR <i>20-3116885</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 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 FL 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**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLA MANAGER LLC ONE INDEPENDENT CENTER DRIVE, SUITE 114 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>One Independent Dr, Suite 114</i> <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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

William G Evans *Auth Rep* *04-28-06* *904/356-1978*