
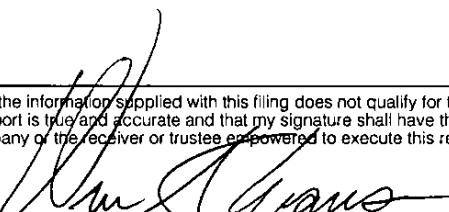


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-26-2007 90042 042 ****50.00

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|---|---|--|---|--|--|
| DOCUMENT # M05000003712 | | | |  | |
| 1. Entity Name FLA OWNER LLC | | | | | |
| Principal Place of Business ONE INDEPENDENT DRIVE SUITE 114 JACKSONVILLE, FL 32202 US | | | Mailing Address ONE INDEPENDENT DRIVE SUITE 114 JACKSONVILLE, FL 32202 US | | |
| 2. Principal Place of Business - No P.O. Box # One Independent Drive | | 3. Mailing Address One Independent Drive | | | |
| Suite, Apt. #, etc. Suite 1850 | | Suite, Apt. #, etc. Suite 1850 | | | |
| City & State Jacksonville, FL | | City & State Jacksonville, FL | | 4. FEI Number 20-3116885 | |
| Zip 32202 Country | | Zip 32202 Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent EVANS, WILLIAM G C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT DRIVE, SUITE 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 FLA MANAGER LLC ONE INDEPENDENT DRIVE SUITE 114 JACKSONVILLE, FL 32202 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Suite 1850 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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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| 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:  | | | Authorized Representative | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date 4/24/07 (904) 356-1978 | | |