

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000003713

Entity Name: FLA MANAGER LLC

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

ONE INDEPENDENT DRIVE  
SUITE 1850  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

ONE INDEPENDENT DR., STE 1850  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

ONE INDEPENDENT DRIVE  
SUITE 1850  
JACKSONVILLE, FL 32202

**New Mailing Address:**

ONE INDEPENDENT DR., STE 1850  
JACKSONVILLE, FL 32202

FEI Number: 20-3110976

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 DRIVE  
SUITE 1850  
JACKSONVILLE, FL 32202 US

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

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

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:

04/28/2010

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: HENRY F. PRATT, III

MGRM

04/28/2010

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