


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90042 044 \*\*\*138.75

<b>DOCUMENT # M07000006147</b> 1. Entity Name <b>MFM OWNER LLC</b>					
Principal Place of Business <b>ONE INDEPENDENT DRIVE SUITE 1850 JACKSONVILLE, FL 32202</b>			Mailing Address <b>ONE INDEPENDENT DRIVE SUITE 1850 JACKSONVILLE, FL 32202</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>EVANS, WILLIAM G ONE INDEPENDENT DRIVE SUITE 1850 JACKSONVILLE, FL 32202</b>			<b>7. Name and Address of New Registered Agent</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MFM MANAGER LLC ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Manager LLC Mfm Manager LLC One Independent Dr Suite 1850 Jacksonville, FL 32202</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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**60030031**



04112008 Chg-LLC CR2E083 (12/06)

4. FEI Number **16-1219963** Applied For ☒ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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:** Margaret Challen 4/22/08 904-356-1978  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #