

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083780

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: OLP11N2, LLC

**Current Principal Place of Business:**

11217 SAN JOSE BOULEVARD  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

11217 SAN JOSE BOULEVARD  
JACKSONVILLE, FL 32223

**New Mailing Address:**

FEI Number: 26-0100317

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

F & L CORP.  
ONE INDEPENDENT DRIVE, SUITE 1300  
JACKSONVILLE, FL 322023520 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: ARNOLD, III, CHARLES W  
Address: 11217 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: V ( ) Delete  
Name: HINSON, DAVID L  
Address: 11217 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: V ( ) Delete  
Name: SKAFF, DANA R  
Address: 11217 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: ST ( ) Delete  
Name: JOHNSON, SUSAN K  
Address: 11217 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: V ( ) Delete  
Name: UDELL, ROBERT E  
Address: 11217 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: SUSAN JOHNSON

ST

04/28/2006

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