


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

02-16-2006 90142 022 ***150.00

DOCUMENT # L04000066913

1. Entity Name
LOSCO CORNERS, L.L.C.



Principal Place of Business
**11101 ST. AUGUSTINE ROAD
 JACKSONVILLE, FL 32257**

Mailing Address
**PO BOX 56855
 JACKSONVILLE, FL 32241-6855**

30002639



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02062006 Chg-LLC CR2E083 (11/05)

City & State

4. FEI Number
20-1625576

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
**CREST REALTY COMPANY
 PO BOX 56855
 JACKSONVILLE, FL 32241-6855**

7. Name and Address of New Registered Agent
 Name **CREST REALTY CO.**
 Street Address (P.O. Box Number is Not Acceptable)
11101-7ST AUGUSTINE RD
 City **JACKSONVILLE** FL Zip Code **32257**

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 **X SHI ZHENG ZHENG** DATE

**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZHENG, SHI Z 11101 ST AUGUSTINE ROAD JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZHENG, CHAO JI 11101 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32257 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZHENG, RONG DI 11101 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32257 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **X SHI ZHENG ZHENG** Date Daytime Phone #



ATTACHMENT

30002639

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

LOSCO CORNERS, L.L.C.
PO BOX 56855
JACKSONVILLE, FL 32241-6855

Subject: **LOSCO CORNERS, L.L.C.**

Reference Number: **L04000066913**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION