2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000003509

1. Entity Name JCD PICKWICK, L.L.C.



Principal Place of Business

3740 BEACH BOULEVARD, SUITE 300

JACKSONVILLE, FL 32207

Mailing Address

3740 BEACH BOULEVARD, SUITE 300 JACKSONVILLE, FL 32207

FILED Apr 22, 2004 08:00 AM Secretary of State



04202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

DEMETREE, JACK C 3740 BEACH BOULEVARD, SUITE 300 JACKSONVILLE, FL 32207

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IN	THIS	SP	ACE

8. The above the obliga	e named entity submits this statement for the purpose of chan tions of registered agent.	ging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title it applicable		(NOTE Registered Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2004		460000124502 04/22/04-80039-011 58.00		
9. THEE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM DEMETREE, JACK C 3740 BEACH BOULEVARD, SUITE 300 JACKSONVILLE, FL 32207	·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO I	NOT WRITE	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 it 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:

NAME STREET ADDRESS

ED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/2/14