

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003512

Entity Name: JCD WESTGATE, L.L.C.**Current Principal Place of Business:**1551 ATLANTIC BLVD.
SUITE 300
JACKSONVILLE, FL 32207**Current Mailing Address:**P.O. BOX 47050
JACKSONVILLE, FL 32247-7050 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEMETREE, J. C. JR.
1551 ATLANTIC BLVD.
SUITE 300
JACKSONVILLE, FL 32207 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:** J. C. DEMETREE, JR.**04/23/2014**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	PRESIDENT
Name	DEMETREE, JACK C.
Address	P.O. BOX 47050
City-State-Zip:	JACKSONVILLE FL 32247-7050

Title	VP, SECRETARY, TREASURER
Name	DEMETREE, J. C. JR.
Address	P.O. BOX 47050
City-State-Zip:	JACKSONVILLE FL 32247-7050

Title	VP
Name	DEMETREE, MARK C.
Address	P.O. BOX 47050
City-State-Zip:	JACKSONVILLE FL 32247-7050

Title	VP
Name	DEMETREE, CHRISTOPHER C.
Address	P.O. BOX 47050
City-State-Zip:	JACKSONVILLE FL 32247-7050

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: J. C. DEMETREE, JR.**VICE PRESIDENT****04/23/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date