


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90321 020 \*\*\*138.75

**DOCUMENT # L01000004529**

1. Entity Name  
**JTB-HODGES INVESTMENTS, LLC**



Principal Place of Business      Mailing Address

1 INDEPENDENT DRIVE      1 INDEPENDENT DRIVE  
 SUITE 2401      SUITE 2401  
 JACKSONVILLE, FL 32202      JACKSONVILLE, FL 32202

00000000



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**416 3rd St. S.**      **416 3rd St. S.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**Suite #1**      **Suite #1**

02052008    Chg-LLC    CR2E083 (12/06)

City & State      City & State

**Jacksonville Beach, FL**      **Jacksonville Beach, FL**

Zip      Country      Zip      Country

**32250**      **USA**      **32250**      **USA**

4. FEI Number      Applied For

**90-0023292**      Not Applicable

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

6. Name and Address of Current Registered Agent

**F & L CORP.**  
**ONE INDEPENDENT DRIVE**  
**SUITE 1300**  
**JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>
---	--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKINSON, ALAN E	NAME	DICKINSON, Alan E
STREET ADDRESS	166 N HWY A1A	STREET ADDRESS	416 S. 3rd ST.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	Jacksonville Beach, FL 32250
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Alan Dickinson      04/17/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #