

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012167

FILED
Apr 01, 2004
Secretary of State

Entity Name: YOUNGTOWN OF JACKSONVILLE, LLC

Current Principal Place of Business:

1548 LANCASTER TERRACE
JACKSONVILLE, FL 32204

New Principal Place of Business:

840 EDGEWOOD AVENUE SOUTH
SUITE 220
JACKSONVILLE, FL 32205

Current Mailing Address:

1548 LANCASTER TERRACE
JACKSONVILLE, FL 32204

New Mailing Address:

1650-302 MARGARET STREET
PMB 382
JACKSONVILLE, FL 32204

FEI Number: 80-0032972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAZIER, CLARENCE F
1548 LANCASTER TERRACE
JACKSONVILLE, FL 32204

Name and Address of New Registered Agent:

FRAZIER, CLARENCE F
840 EDGEWOOD AVENUE SOUTH
SUITE 220
JACKSONVILLE, FL 32205

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: CLARENCE F. FRAZIER

04/01/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BROOKS,FRAZER,SUTER, & CARVER PART. LLP
Address: 1548 LANCASTER TERRACE
City-St-Zip: JACKSONVILLE, FL 322047

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROOKS,FRAZER,SUTER, & CARVER PART. LLP
Address: 840 EDGEWOOD AVENUE SOUTH, SUITE 220
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DORA E. CARVER, PARTNER OF MGRM

MGRM

04/01/2004

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