

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014889

FILED  
Jan 22, 2008  
Secretary of State

**Entity Name:** TRUCKARE I OF JACKSONVILLE, L.L.C.

**Current Principal Place of Business:**

2141 N. LANE AVE  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

931 N. SR 434, SUITE 1201  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 59-3741788

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEFKOWITZ, IVAN M  
430 NORTH MILLS AVE.  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NEWTON, BRIAN  
Address: 931 N. SR 434, SUITE 1201  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR ( ) Delete  
Name: LEFTOWITZ, IVAN  
Address: 430 N MILLS AVENUE  
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BRIAN NEWTON

MGR

01/22/2008

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