2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L01000014889

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: MICHELLE NEWTON MGR 04/22/2009

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