

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015536

FILED  
Mar 30, 2004  
Secretary of State

Entity Name: JEXENDA, L.L.C.

**Current Principal Place of Business:**

13637 MARSH HARBOR DRIVE NORTH  
JACKSONVILLE, FL 32255

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 551260  
JACKSONVILLE, FL 32255

**New Mailing Address:**

FEI Number: 59-3747965

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBIN, ROBERTO K  
625 W UNION STREET 2  
JACKSONVILLE, FL 32202

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

ROBIN, ROBERTS K  
625 W UNION STREET 2  
JACKSONVILLE, FL 32202

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: ROBIN ROBERTS

03/30/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: CAIN, ROGERS  
Address: 13637 MARSH HARBOR DRIVE N  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM ( ) Delete  
Name: CAIN, BRENDA  
Address: 13637 MARSH HARBOR DRIVE N  
City-St-Zip: JACKSONVILLE, FL 32225

**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 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: ROGERS CAIN

MGRM

03/30/2004

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