

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000022707

1. Entity Name
CORNELIUS, SCHOU, LEONE & MATTESON, L.L.C.



Principal Place of Business

4496 SOUTHSIDE BOULEVARD
JACKSONVILLE, FL 32216

Mailing Address

4496 SOUTHSIDE BOULEVARD
JACKSONVILLE, FL 32216



01062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

30-0008892

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARK J. SCHOU
13681 LONGS LANDING RD. W.
JACKSONVILLE, FL 32225

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CORNELIUS, BENJAMIN A
STREET ADDRESS 4496 SOUTHSIDE BOULEVARD
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE MGR
NAME SCHOU, MARK J
STREET ADDRESS 4496 SOUTHSIDE BOULEVARD
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE MGR
NAME LEONE, JOHN R
STREET ADDRESS 4496 SOUTHSIDE BOULEVARD
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE MGR
NAME MATTESON, JOHN R
STREET ADDRESS 4496 SOUTHSIDE BOULEVARD
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000177309
01/11/05-80031-022 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____

1/6/05