

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008620

FILED
May 03, 2006
Secretary of State

Entity Name: THE HIT CENTER OF JACKSONVILLE, LLC

Current Principal Place of Business:

9446 PHILIPS HWY
SUITE 3
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9446 PHILIPS HWY
SUITE 3
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 04-3640488 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CZERKAWSKI, EVA B DR.
9446 PHILIPS HWY STE 3
JACKSONVILLE, FL 32256 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: MARSTON, AARON MR.
Address: 13328 TROPIC EGRET DR
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MARSTON, AARON MR.
Address: 664 PORTO CRISTO AVE.
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the 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: AARON MARSTON

MGR

05/03/2006

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