

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014403

Entity Name: PHILLIPS OF JAX, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

950 11TH AVENUE SOUTH
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

178 W RIVER RD
PALATKA, FL 32177

Current Mailing Address:

178 WEST RIVER ROAD
PALATKA, FL 32177

New Mailing Address:

FEI Number: 03-0462018 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:

DAVIS, ROGER
178 WEST RIVER ROAD
PALATKA, FL 32177 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: GLEESON, JAMES
Address: 8601 SIX FORKS ROAD, SUITE 400
City-St-Zip: RALEIGH, NC 27615

Title: MGR () Delete
Name: GOODE, STEVE
Address: 8601 SIX FORKS ROAD, SUITE 400
City-St-Zip: RALEIGH, NC 27615

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: STAR ENVIRONMENTAL S, ERVICES, LLC
Address: 8601 SIX FORKS ROAD, SUITE 400
City-St-Zip: RALEIGH, NC 27615

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: JAMES P. GLEESON

MGR

05/01/2006

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