2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2007
Secretary of State

DOCUMENT# L02000015230

Entity Name: COUNTRY COBBLER JACKSONVILLE, LLC

Current Principal Place of Business:

5800 BEACH BLVD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

P O BOX 2006
VALDOSTA, GA 31604

New Mailing Address:

FEI Number: 51-0419013 **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:

SHUTES, FREDDA B
2117 ISLAND LAKE CIRCLE
PANAMA CITY, FL 32405 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: P ( ) Delete
Name: WILLIAMS, E L
Address: 800 PINE POINT CR
City-St-Zip: VALDOSTA, GA 31602

Title: V ( ) Delete
Name: WILLIAMS, J. CASON
Address: 5616 BARBER CR
City-St-Zip: HAHIRA, GA 31632

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: CASON WILLIAMS MR. 07/16/2007

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