~ 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000022508

1. Entity Name

APPLIED INVESTMENTS-JACKSONVILLE BEACH, LLC



Principal Place of Business

Mailing Address

2770 N.W. 43RD STREET, SUITE B GAINESVILLE, FL 32606-7419

2770 N.W. 43RD STREET, SUITE B GAINESVILLE, FL 32606-7419

FILED Apr 05, 2007 08:00 A Secretary of State



02192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 04-3718309		Applied For Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BIELBY, LORENCE JON 101 COLLEGE AVENUE TALLAHASSEE, FL 32301

PETRELLA, DAWN

2770 NW 43RD ST, STE B GAINESVILLE, FL 32606

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	named entity submits this statement for the purpose of cha tions of registered agent.	nging its registered office or regis	stered agent, or both, in the S	tate of Florida. I am familiar with, and ac	ccept
SIGNATURE.	<u> </u>				_
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		OATE	
	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBERS/MANAGERS				
TITLE	MGR			\$	
NAME	SCHANZE, THOMAS		, , , , , , , , , , , , , , , , , , ,		
STREET ADDRESS	2770 N.W. 43RD STREET, SUITE B				. 1
CITY-ST-ZIP	GAINESVILLE, FL 326067419			100000690938	

U00000690938 04/12/07-80010-023 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 optrustee epipowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY- ST- ZIP
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
CONTACT ADDRESS
CITY- ST- ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/3/07

352.224.2880

Daytime Phone #