


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000022508	
1. Entity Name APPLIED INVESTMENTS-JACKSONVILLE BEACH, LLC	

Principal Place of Business 2770 N.W. 43RD STREET, SUITE B GAINESVILLE, FL 32606-7419	Mailing Address 2770 N.W. 43RD STREET, SUITE B GAINESVILLE, FL 32606-7419
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03192008 No Chg-LLC

CR2E083 (12/07)

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

6. Name and Address of Current Registered Agent

BIELBY, LORENCE JON
101 COLLEGE AVENUE
TALLAHASSEE, FL 32301

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** _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000969747
04/09/08-80052-004 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHANZE, THOMAS 2770 N.W. 43RD STREET, SUITE B GAINESVILLE, FL 326067419
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETRELLA, DAWN 2770 NW 43RD ST, STE B GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **3/21/08** **386-418-6421**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #