

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022508

FILED
Apr 15, 2009
Secretary of State

Entity Name: APPLIED INVESTMENTS-JACKSONVILLE BEACH, LLC

Current Principal Place of Business:

2770 N.W. 43RD STREET, SUITE B
GAINESVILLE, FL 326067419

New Principal Place of Business:

411 PABLO AVENUE
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

2770 N.W. 43RD STREET, SUITE B
GAINESVILLE, FL 326067419

New Mailing Address:

5550 N.W. 111TH BLVD.
GAINESVILLE, FL 32653

FEI Number: 04-3718309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIELBY, LORENCE JON
101 COLLEGE AVENUE
TALLAHASSEE, FL 32301 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: SCHANZE, THOMAS
Address: 2770 N.W. 43RD STREET, SUITE B
City-St-Zip: GAINESVILLE, FL 326067419

Title: D () Delete
Name: PETRELLA, DAWN
Address: 2770 NW 43RD ST, STE B
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHANZE, THOMAS
Address: 5550 N.W. 111TH BLVD.
City-St-Zip: GAINESVILLE, FL 32653

Title: D (X) Change () Addition
Name: PETRELLA, DAWN
Address: 5550 N.W. 111TH BLVD.
City-St-Zip: GAINESVILLE, FL 32653

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: DAWN PETRELLA

D

04/15/2009

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