


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 28, 2008 8:00 am**  
**Secretary of State**

07-28-2008 90073 028 \*\*\*138.75

<b>DOCUMENT # L02000025178</b> 1. Entity Name <b>HARRY'S OF JAX BEACH, LLC</b>					
Principal Place of Business <b>1018 N. THIRD STREET JACKSONVILLE BEACH, FL 32250</b>			Mailing Address <b>1056 N. 3RD STREET JACKSONVILLE BEACH, FL 32250</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>9995 Gate Parkway N</b> Suite, Apt. #, etc. <b>Suite 400B</b>			
Suite, Apt. #, etc.		City & State <b>Jacksonville, FL</b>			
City & State		Zip <b>32246</b>		Country <b>USA</b>	
4. FEI Number <b>22-3875356</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>F&amp;L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b></div> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAIG, LOUIS 1056 N. 3RD ST. JACKSONVILLE BEACH, FL 32250 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> <b>9995 Gate Parkway N Suite 400B Jacksonville, FL 32246</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAIG, GREG 1056 N. 3RD ST. JACKSONVILLE BEACH, FL 32250 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> <b>9995 Gate Parkway N Suite 400B Jacksonville, FL 32246</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHEEL, WILLIAM 1056 N. 3RD ST. JACKSONVILLE BEACH, FL 32250 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> <b>9995 Gate Parkway N Suite 400B Jacksonville, FL 32246</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAVALIEROS, LISA 9995 GATE PKWY NORTH STE 400 JACKSONVILLE, FL 32246 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHATTIN, WILLIAM 9995 GATE PARKWAY N. SUITE 400 JACKSONVILLE, FL 32246 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JABOT, JESSE 1056 NORTH 3RD ST JACKSONVILLE BEACH, FL 32250 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> <b>9995 Gate Parkway N Suite 400B Jacksonville, FL 32246</b>	
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.					
<b>SIGNATURE:</b> <u>Jesse Jabot</u> <b>Jesse Jabot</b> <u>7-23-08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

# ATTACHMENT

Please Add:

P  
Jabot, Jeff  
9995 Gate Parkway N  
Suite 400 B  
Jacksonville, FL 32246

60045717  
#L02 000025178