## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L03000019234**

1. Entity Name

FIRST COAST INTERIORS OF JACKSONVILLE, LLC



FILED Mar 12, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

258 BRIARWOOD LANE PONTE VEDRA BEACH, FL 32082 258 BRIARWOOD LANE PONTE VEDRA BEACH, FL 32082



03072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 76-0735282

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

O'NEILL, KAREN B 1009 21ST STREET NORTH JACKSONVILLE BEACH, FL 32250

## DO NOT WRITE IN THIS SPACE

the ob	ligations of registered agent.		<b>.</b>	,		
SIGNATURE		(NOTE: Registered	Agent signature required when reinstating)	DATE		
	FILE NOW!!! FEE IS \$138.75 May 1, 2008 Fee will be \$538.75			U0000085 03/27/08-80	56137 9079-015 138.75	
9,	MANAGING MEMBERS/MANAGERS			· .		
TITLE ,	MGR		5 K 5		*	
	[				•	

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. Lam familiar with, and accept

TITLE .	MGR			
NAME	MARKOWSKI, MARGARET S.			
STREET ADDRESS	258 BRIARWOOD LANE			
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082			
IIITE	MGR			
NAME	MARKOWSKI, HERMAN F.			
STREET ADDRESS	258 BRIARWOOD LANE			
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
.11. I hereby certify that the information supplied with this filing does not qualify for the e				

## DO NOT WRITE IN THIS SPACE

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: DOMOGE S. Mankowski

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

3-10-08

Date

Daytime Phone #