


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90236 020 ***138.75

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| DOCUMENT # L03000025330 |  |
| 1. Entity Name NORTHERN JACKSONVILLE ENTERPRISE LLC | |

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| Principal Place of Business 1274 LANIER RD NORTHERN JACKSONVILLE, FL 32226 | Mailing Address 1055 NORTH EAST 125TH STREET NORTH MIAMI, FL 33161 |
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| 2. Principal Place of Business - No P.O. Box # 12740 LANIER RD. | 3. Mailing Address 10800 BISCAYNE BLVD. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. SUITE 600 |

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| City & State JACKSONVILLE, FL | City & State NORTH MIAMI, FL |
| Zip 32226 | Zip 33161 |
| Country USA | Country USA |



01142008 Chg-LLC CR2E083 (12/06)

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|---|--|---|
| 4. FEI Number 20-0080467 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent MICHAEL I. BERNSTEIN, P.A. 1688 MERIDIAN AVENUE SUITE 418 MIAMI BEACH, FL 33139 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR NORTHERN JACKSONVILLE ENTERPRISE LLC 12740 LANIER RD JACKSONVILLE, FL 32226 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Annie Maresca **1/15/08** **305-981-8686**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #