2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# L03000027072

Entity Name: TIRESOLES OF JACKSONVILLE, LLC

Current Principal Place of Business:

2759 WEST 5TH STREET
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

401 RINKER WAY
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 81-0624818 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIGL, CHARLES R
401 RINKER WAY
LAKE WORTH, FL 33461 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: STAFFORD, STEPHEN H
Address: 41 S.E. AVENUE C
City-St-Zip: BELLE GLADE, FL 33430

Title: MGR ( ) Delete
Name: RIGL, CHARLES R
Address: 7800 N.W. 103RD STREET
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: MGR ( ) Delete
Name: MCALPINE, RONALD N
Address: 4948 CRYSTAL BEACH ROAD
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: MCALPINE, RONALD N
Address: 300 SOUTH ASTER TRACE
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN STAFFORD MEM 01/17/2006

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