

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034219

Entity Name: SB JAX, LLC

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

450 N WYMORE RD
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

450 N WYMORE RD
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-3121789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

W&P SERVICES, INC.
450 N WYMORE RD
WINTER PARK, FL 32789 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: PD () Delete
Name: CHARTOUNI, NABIL
Address: 450 N WYMORE RD
City-St-Zip: WINTER PARK, FL 32789

Title: VD () Delete
Name: VAGHADIA, VINOD
Address: 450 N WYMORE RD
City-St-Zip: WINTER PARK, FL 32789

Title: V () Delete
Name: CHARTOUNI, CAMERON
Address: 450 N WYMORE RD
City-St-Zip: WINTER PARK, FL 32789

Title: S () Delete
Name: LAPWOOD, CAROL
Address: 450 N WYMORE RD
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

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

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

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

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

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: CAROL LAPWOOD

S

04/21/2009

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