

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000037797 1. Entity Name EXPRESSWAY JACKSONVILLE, L.L.C.	
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Principal Place of Business 3733 W. UNIVERSITY BLVD., STE. 115-A JACKSONVILLE, FL 32217	Mailing Address 3733 W. UNIVERSITY BLVD., STE. 115-A JACKSONVILLE, FL 32217
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02182008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0274474	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SCHNEIDER, MICHAEL N
5150 BELFORT RD., BLDG. 100
JACKSONVILLE, FL 32256**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEGOVIA VENTRUES, LTD. 3733 W. UNIVERSITY BLVD., STE. 115-A JACKSONVILLE, FL 32217
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U00000834831
02/29/08-80009-003-138.75

**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: Donna Helming Donna Helming 2/19/08 (904) 733-1202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #