

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000000206</b>	
1. Entity Name <b>ETHERIDGE-JACKSONVILLE, LLC</b>	
Principal Place of Business <b>17 S. WESTMORELAND DR. ORLANDO, FL 32805</b>	Mailing Address <b>17 S. WESTMORELAND DR. ORLANDO, FL 32805</b>



04102008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>25-3506131</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**ETHERIDGE, EDNA R  
803 N LAKE ADAIR BLVD  
ORLANDO, FL 32804**

**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

*Edna Etheridge*  
Signature, typed or printed name of registered agent and title if applicable.

*Edna Etheridge*  
(NOTE: Registered Agent signature required when reinstating)

*4/16/08*  
DATE

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

U000000310166  
05/06/08-80100-002 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ETHERIDGE, EDNA R 803 N LAKE ADAIR BLVD ORLANDO, FL 32804</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:

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

*Edna Etheridge*

Date

*4/16/08*

Daytime Phone #

*(407) 425-9078*