

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004306

Entity Name: JAXFORECLOSURE.COM, LLC

FILED
Jan 19, 2005
Secretary of State

Current Principal Place of Business:

P.O. BOX 551072
JACKSONVILLE, FL 32255

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551072
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 84-1635569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSTIN, WILLIAM M
10339 HEATHER GLEN DR.
JACKSONVILLE, FL 32256 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/MEMBERS:

Title: MGRM () Delete
Name: AUSTIN, WILLIAM M
Address: 10339 HEATHER GLEN DR.
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Delete
Name: MORRIS, DONALD A
Address: 10968 HAMILTON DOWNS CT.
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES:

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 for the exemption stated in Section 119.07(3)(i), 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: WILLIAM M AUSTIN

MGRM

01/19/2005

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