2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# L04000018352

Entity Name: MCAFEE JAX BEACH, LLC

Current Principal Place of Business:

233 6TH AVENUE NORTH
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

233 6TH AVENUE NORTH
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

FEI Number: 20-0925586 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONTEGA BUSINESS SERVICES, LLC
554 LOMAX STREET
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

CONTEGA BUSINESS SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 US

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: G. RAY DRIVER, JR., P 02/26/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	MCAFEE, ROBERT S	
Address:	233 6TH AVENUE NORTH	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250 US	
Title:	MGR	( ) Delete
Name:	MCAFEE, ANN C	
Address:	233 6TH AVENUE NORTH	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250 US	
Title:	MGR	( ) Delete
Name:	MCAFEE, MATTHEW S	
Address:	233 6TH AVENUE NORTH	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250 US	
Title:	MGR	( ) Delete
Name:	MCAFEE, MICHAEL A	
Address:	233 6TH AVENUE NORTH	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250 US	
Title:	MGR	( ) Delete
Name:	MILLER, NATHAN	
Address:	233 6TH AVENUE NORTH	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250 US	
Title:	VP	( ) Delete
Name:	MORRIS, JR., RICHARD M	
Address:	233 6TH AVENUE NORTH	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250	

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:	
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: ROBERT S. MCAFEE MGR 02/26/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date