

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026493

FILED  
Jan 25, 2008  
Secretary of State

**Entity Name:** 11235 DISTRIBUTION AVENUE, L.L.C.

**Current Principal Place of Business:**

1400 PRUDENTIAL DRIVE  
SUITE 7  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

1400 PRUDENTIAL DRIVE  
SUITE 7  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

PO BOX 551260  
JACKSONVILLE, FL 32255

**New Mailing Address:**

1400 PRUDENTIAL DRIVE  
SUITE 7  
JACKSONVILLE, FL 32207

FEI Number: 20-3436794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHNEIDER, MICHAEL N  
5150 BELFORT ROAD BLDG 100  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

TURNER, HENRY S  
1400 PRUDENTIAL DR  
STE 7  
JACKSONVILLE, FL 32207 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: HENRY S. TURNER

01/25/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TURNER, HENRY  
Address: 1400 PRUDENTIAL DRIVE, SUITE 7  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TURNER, HENRY  
Address: 1400 PRUDENTIAL DRIVE, STE 7  
City-St-Zip: JACKSONVILLE, FL 32207

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: HENRY S. TURNER

MGRM

01/25/2008

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