

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030881

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** JAX PIER DEVELOPMENT GROUP, LLC

**Current Principal Place of Business:**

25 SOUTH 2ND STREET  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

7045 ROUNDEAF DR  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

25 SOUTH 2ND STREET  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

7045 ROUNDEAF DR  
JACKSONVILLE, FL 32258

**FEI Number:** 20-8400791

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FORDHAM, LINDSEY T  
25 SOUTH 2ND STREET  
JACKSONVILLE BEACH, FL 32250 US

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

FORDHAM, LINDSEY T  
5268 TALLULAH LAKE COURT  
JACKSONVILLE, FL 32224 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:** LINDSEY T. FORDHAM

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** PRES ( ) Delete  
**Name:** JAX PIER DEVELOPMENT GROUP, LLC  
**Address:** 25 SOUTH 2ND STREET  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250

**ADDITIONS/CHANGES:**

**Title:** PRES (X) Change ( ) Addition  
**Name:** FORDHAM, LINDSEY T  
**Address:** 5268 TALLULAH LAKE COURT  
**City-St-Zip:** JACKSONVILLE, FL 32224

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:** LINDSEY T. FORDHAM

PRES

04/30/2009

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