

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034986

FILED
Jun 05, 2006
Secretary of State

Entity Name: XAVIER RESTORATION, LLC

Current Principal Place of Business:

1385 BELVEDERE AVENUE
JACKSONVILLE, FL 32205

New Principal Place of Business:

2720 PARK STREET
SUITE 201
JACKSONVILLE, FL 32205

Current Mailing Address:

1385 BELVEDERE AVENUE
JACKSONVILLE, FL 32205

New Mailing Address:

2720 PARK STREET
SUITE 201
JACKSONVILLE, FL 32205

FEI Number: 20-1093335 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, J. RILEY
2905 CORINTHIAN AVENUE
SUITE 5
JACKSONVILLE, FL FL 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COSBY, CHRISTOPHER F
Address: 2766 RIVERWOOD LANE
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM () Delete
Name: COSBY, CLIFTON B
Address: 1385 BELVEDERE AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

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 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: CLIFTON B. COSBY

MGRM

06/05/2006

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