

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90294 038 ****50.00

DOCUMENT # L04000038683

1. Entity Name

J.J. NATHAN ONE, LLC



Principal Place of Business

10676 QUAIL RIDGE DRIVE
ST. AUGUSTINE FL 32095-8832

Mailing Address

10676 QUAIL RIDGE DRIVE
ST. AUGUSTINE FL 32095-8832

2. Principal Place of Business

11750 Phillips Hwy

Suite, Apt. #, etc.

3. Mailing Address

1076 MAINSAIL LANE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

SWITZERLAND, FL

Zip

32256

Country

Zip

32259

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEREBEE, DAVID B
503 E. MONROE STREET
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME OBI, JACK
STREET ADDRESS 10676 QUAIL RIDGE DRIVE
CITY-ST-ZIP ST. AUGUSTINE FL 32095-8832

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME OBI, JACK
STREET ADDRESS 1076 MAINSAIL LANE
CITY-ST-ZIP SWITZERLAND, FL 32259

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Jack Obi JACK OBI

3-13-06

904 888-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #