2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000046732

1. Entity Name
FOX EQUITIES, LLC

Principal Place of Business	Mailing Address
4330 APPLETON AVE JACKSONVILLE, FL 32210	4330 APPLETON AVE JACKSONVILLE, FL 32210

01042007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1275394
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FOX, JOHN D III
4330 APPLETON AVE
JACKSONVILLE, FL 32210

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

U00000578641
01/09/07-80037-013 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	FOX, JR, JOHN D
STREET ADDRESS	4242 GARIBALDI AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	MGRM
NAME	FOX, PEGGY P
STREET ADDRESS	4242 GARIBALDI AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	MGRM
NAME	FOX, III, JOHN D
STREET ADDRESS	2102 CLEMSON RD
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ 1/3/07 904.545.4836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #