

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90142 022 \*\*\*150.00

**DOCUMENT # L04000066913**

1. Entity Name  
**LOSCO CORNERS, L.L.C.**



Principal Place of Business  
**11101 ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32257**

Mailing Address  
**PO BOX 56855  
JACKSONVILLE, FL 32241-6855**

**30002639**



02062006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-1625576** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CREST REALTY COMPANY  
PO BOX 56855  
JACKSONVILLE, FL 32241-6855**

7. Name and Address of New Registered Agent

Name **CREST REALTY CO.**  
Street Address (P.O. Box Number is Not Acceptable)  
**11101-7ST AUGUSTINE RD**  
City **JACKSONVILLE** FL Zip Code **32257**

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 **XSHZ ZHEN ZHEN** (NOTE: Registered Agent signature required when relocating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **ZHENG, SHI Z**  
STREET ADDRESS **11101 ST AUGUSTINE ROAD**  
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition  
NAME **ZHENG, BHAO JI**  
STREET ADDRESS **11101 ST. AUGUSTINE ROAD**  
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Change ☒ Addition  
NAME **ZHENG, RONG DI**  
STREET ADDRESS **11101 ST. AUGUSTINE ROAD**  
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 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: **XSHZ ZHEN ZHEN** Date Daytime Phone #



ATTACHMENT

30002639

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2006

LOSCO CORNERS, L.L.C.  
PO BOX 56855  
JACKSONVILLE, FL 32241-6855

Subject: **LOSCO CORNERS, L.L.C.**

Reference Number: **L04000066913**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION