## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000089033

1. Entity Name

JAXCORNERSTONEPARTNERS, LLC



FILED
Jan 24, 2008 08:00 AN
Secretary of State

Principal Place of Business

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1415 ATLANTIC BLVD Suite C

NEPTUNE BEACH, FL 32266 US

Mailing Address

1415 ATLANTIC BLVD

SUITE C

NEPTUNE BEACH, FL 32266

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DO NOT WRITE IN THIS SPACE

20-2140421

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREG, BIRDSONG 926 FLORIDA BLVD NEPTUNE BEACH, FL 32266

STREET ADDRESS
CITY-ST-ZIP
TITLE
MAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

## DO NOT WRITE IN THIS SPACE

|                | e named entity submits this statement for the purpose of chai<br>tions of registered agent. | nging its registered office or registered agent, or bo       | th, in the State of Florida. I am familiar with, and accept |
|----------------|---|--|---|
| SIGNATURE.     | Signature, typed or printed name of registored agont and talls if applicable.               | (NOTE: Registered Agent signature required when reinstating) | DATE  |
|                | E NOWIII FEE IS \$138.75<br>y 1, 2008 Fee will be \$538.75                                  |  |   |
| 9.             | MANAGING MEMBERS/MANAGERS   |  |   |
| TITLE          | OW  |  |   |
| NAME           | GREG. BIRDSONG  |  |   |
| STREET ADDRESS | 926 FLORIDA BLVD.   |  |   |
| CITY-ST-ZIP    | NEPTUNE BEACH, FL 32266   | l l  | ·   |
| TITLE          |   |  | U00000794597  |
| NAME           |   |  | 01/28/08-80014-010 138.75                                   |
| STREET ADDRESS |   | •  | 01/20/007000147010,130.63                                   |
| CITY-ST-ZIP    |   | i i  |   |
| TITLE          |   |  |   |
| NAME           |   | 1  |   |
| STREET ADORESS | ,   | 1 50   | MOTME   |
| C/TY-ST-ZIP    |   | טט ן   | NOT WRITE   |
| TITLE          |   | 181 7  | THE COACE   |
| NAME           |   | I 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

| 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | of the |
|--|--------|
|  |        |

SIGNATURE: MED TYPES OF PERMITED NAME OF BROWNING METHODES OF AUTHORISES DECORRESS

1/21/08

Date

Daylime Phone #