

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089706

Entity Name: JAX SHOES, L.L.C.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

6622 SOUTHPOINT DRIVE SOUTH, SUITE 200
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

6622 SOUTHPOINT DRIVE SOUTH, SUITE 200
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-2020691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F&L CORP
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: CEO () Delete
Name: WEAVER, WAYNE
Address: 6622 SOUTHPOINT DRIVE SOUTH SUITE 200
City-St-Zip: JACKSONVILLE, FL 32216

Title: C () Delete
Name: DADE, PHILLIP
Address: 6622 SOUTHPOINT DRIVE SOUTH SUITE 200
City-St-Zip: JACKSONVILLE, FL 32216

Title: CFO () Delete
Name: MULLINS, DAVID
Address: 6622 SOUTHPOINT DRIVE SOUTH SUITE 200
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP () Delete
Name: WEAVER, BRADLEY W
Address: 6622 SOUTHPOINT DR SOUTH # 200
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: DAVID MULLINS

CFO

04/29/2008

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