

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000094126

Entity Name: ANTHONY JACKSONVILLE LLC

**FILED**  
**Mar 21, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1072 TWIN BRANCH LANE  
WESTON, FL 33326

**New Principal Place of Business:**

6230 OLDE MOAT WAY  
DAVIE, FL 33331

**Current Mailing Address:**

1072 TWIN BRANCH LANE  
WESTON, FL 33326

**New Mailing Address:**

6230 OLDE MOAT WAY  
DAVIE, FL 33331

FEI Number: 42-1657356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TRCA, ROGER  
1072 TWIN BRANCH LANE  
WESTON, FL 33326 US

**Name and Address of New Registered Agent:**

TRCA, ROGER  
6230 OLDE MOAT WAY  
DAVIE, FL 33331 US

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

03/21/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TRCA, ROGER  
Address: 6230 OLDE MOAT WAY  
City-St-Zip: DAVIE, FL 33331

Title: MGRM  
Name: SCHOENBERG, LEE  
Address: 6160 SW 42ND COURT  
City-St-Zip: DAVIE, FL 33314

I hereby 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: ROGER TRCA

MGRM

03/21/2010

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