


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # L05000035078<br>1. Entity Name<br>ATKERSON & ATKERSON, L.L.C. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>8833 PERIMETER PARL BLVD.<br>#1104<br>JACKSONVILLE, FL 32216 | Mailing Address<br>8833 PERIMETER PARL BLVD.<br>#1104<br>JACKSONVILLE, FL 32216 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



|                                  |   |
|----------------------------------|---|
| 03142008 No Chg-LLC              | CR2E083 (12/07)   |
| 4. FEI Number<br>20-1680803      | Applied For<br>Not Applicable   |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

ATKERSON, CHARLES F JR  
 8833 PERIMETER PARK BLVD  
 #1104  
 JACKSONVILLE, FL 32216

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000911488  
 05/07/08-80042-011 143.75

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>C. ATKERSON, INC<br>8833 PERIMETER PARK BLVD. #1104<br>JACKSONVILLE, FL 32216 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:  Charles F. Atkinson, Jr. 4/17/08 904-564-2252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #