



**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

DOCUMENT # L05000055804 1. Entity Name 1300 JACKSONVILLE DRIVE, LLC	
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Principal Place of Business 3536 BAY ISLAND CIRCLE JACKSONVILLE BEACH, FL 32250	Mailing Address 3536 BAY ISLAND CIRCLE JACKSONVILLE BEACH, FL 32250
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**DO NOT WRITE IN THIS SPACE**

	
03262008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number 20-2957196	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AHERN, FRED L JR.  
 2215 SOUTH THIRD STREET  
 SUITE 101  
 JACKSONVILLE BEACH, FL 32250

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

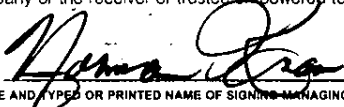
000000909917  
 05/08/08-80024-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRAMER, NORMAN 3536 BAY ISLAND CIRCLE JACKSONVILLE BEACH, FL 32250
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**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:  DATE: 4/10/08 DAYTIME PHONE #: 904-249-1632

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

**ORIGINAL**