

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90045 046 \*\*\*138.75

**DOCUMENT # L05000067986**

1. Entity Name  
**JAX BEACH INVESTMENTS, LLC**



Principal Place of Business  
**1415 FIRST STREET NORTH, UNIT 801  
JACKSONVILLE BEACH, FL 32250**

Mailing Address  
**1415 FIRST STREET NORTH, UNIT 801  
JACKSONVILLE BEACH, FL 32250**

**60005429**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**3711 INVERNESS WAY**

01292008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**AUGUSTA, GEORGIA**

4. FEI Number  
**20-3125403**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**30907 COLUMBIA**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRAY, LARRY D  
1415 FIRST STREET NORTH, UNIT 801  
JACKSONVILLE BEACH, FL 32250**

Name **DONALD C. BRAY**  
Street Address (P.O. Box Number is Not Acceptable)  
**1415 FIRST STREET NORTH, UNIT 801**  
City **JACKSONVILLE BEACH, FL** Zip Code **32250**

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

*Donald C. Bray*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MR** ☒ Delete  
NAME **BRAY, LARRY D AGENT - DECEASED**  
STREET ADDRESS **1415 FIRST STREET NORTH #801**  
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE **MR** ☒ Change ☐ Addition  
NAME **DONALD C. BRAY**  
STREET ADDRESS **1415 FIRST STREET NORTH, UNIT 801**  
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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: *Donald C. Bray* **DONALD C. BRAY**

**1-29-08 706-833-8485**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #