



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
08 MAY -1 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000082851					
1. Entity Name EASTBOURNE JACKSONVILLE, LLC					
Principal Place of Business 6517 MUSSELLS ACRES ROAD JACKSONVILLE, FL 32258			Mailing Address 6517 MUSSELLS ACRES ROAD JACKSONVILLE, FL 32258		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 300 International Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country		04282008 Chg-LLC CR2E083 (12/06)	
14221		USA		4. FEI Number 20-3497961	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent KENNEY, THERESA ESQ. 10110 SAN JOSE BLVD. JACKSONVILLE, FL 32258			7. Name and Address of New Registered Agent Name: CT Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road Madonna Cuddihy FL Zip Code 33324		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Madonna Cuddihy</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		(NOTE: Registered Agent signature required when reinstating)		DATE: 4/30/08	
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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM EASTBOURNE INVESTMENTS LTD 300 INTERNATIONAL DR. SUITE 135 WILLIAMSVILLE, NY 14221	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100129219031 05/13/08--01028--028 **138.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Peter Blacklock</i> Vice President, Secretary/Treasurer 04/29/08 416-597-1200					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					
Peter Blacklock Eastbourne Investments Ltd.					