

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000032908

1. Entity Name
BNA NATIONAL INVESTMENTS I LLC



Principal Place of Business
**13453 STONE POND DRIVE
JACKSONVILLE, FL 32224**

Mailing Address
**13453 STONE POND DRIVE
JACKSONVILLE, FL 32224**



01252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0782069

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**OUREDNIK, KAREL IV ESQ.
OUREDNIK LAW OFFICES P.A.
317 4TH AVENUE NORTH
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 _____

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**

U000000835467
02/29/08-80037-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MCGOWAN, MURRY
STREET ADDRESS	13453 STONE POND DR
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	MGRM
NAME	MCGOWAN, NATALIE
STREET ADDRESS	13453 STONE POND DR
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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:

Natalie McGowan **NATALIE MCGOWAN** 2/18/08 904-568-0856

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

Date

Daytime Phone #