2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mailing Address

THILE

MANE

NUME

TITLE

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET AODRESS CITY-51-21P

DOCUMENT # L06000046121

1. Entity Name 810 JIMMY ANN, LLC

Principal Place of Business

NAME

TITLE

XALE STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

May 03, 2007 8:00 am Secretary of State

04-20-2007 90032 039 ****50.00

Principal Plac	e or Business	Mailing Address			- 0	ስ ካ ኤ		
5111 RIDGEWOOD AVENUE		5111 RIDGEWOOD AVENUE			30006675			
SUITE 300		SUITE 300			2000			
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2. Principal Pi	lace of Business - No P.O. Box #	3. Mailing Address		FEEDULA DO .	PUBU SIM ERMI BUM DEM	BIFAIL DYPIN \$1 01 (\$219 4753)		
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Suite. Apt. #, etc.		Soite, Apr. v. cic.	5510, 741. 4, 510.		Chg-LLC	CR2E083 (12/06)	
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Zip	Country	Zip	Country	1	<u> </u>	\$5.00 to	iditional	
		· ·		5. Certificate	of Status Desired	Fee Requir		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
			Name				•	
CLARK, D. ANDREW			Stront Act	Street Address (P.O. Box Number is Not Acceptable)				
5111 RIDGEWOOD AVENUE			Sueer Ad	Street Address (F.O. Box Northold is Not Addeptibility				
SUITE 300 PORT ORANGE, FL. US								
FORT OWNINGE, FE OS								
			City			FL Zip Co	de	
8. The above	named entity submys this systemer	nt for the purpose of changing its	registered office or	registered agent, or bot	h, in the State of Flo	rida. I am familiar with	and accept	
	ions of registered god i.		•	-	ا ن للب		•	
0101111 IDC	LICEN .				ווו תר	σ		
SIGNATURE .	Signature, apped or printed name of registered a	gent and bits if applicable (NOT	E: Registered Agent signatu	re required when reinstating)		DATE		
FI	iling Fee is \$50.00					e check payable to		
. D	ue by May 1, 2007				, Florida	Department of Sta	te	
0.	MANAGING ME	MBERS/MANAGERS	10.		ADDITIONS/	CHANGES		
TITLE	MGR	D Delete	TITLE		ADDITIONAL	Change	Addition	
NAME	CLARK, D. ANDREW	L cape	NAME			Comp		
STREET ADDRESS	5111 RIDGEWOOD AVENUE	SUITE 300	STREET ADDRESS					
CITY-ST-ZIP	PORT ORANGE, FL 32127	.,	CITY-SI-ZIP					
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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 tursies empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF BIGINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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Daytime Phone I

Change

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☐ Addition

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