


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90232 037 \*\*\*138.75

**DOCUMENT # L06000046121**

1. Entity Name  
**810 JIMMY ANN, LLC**



Principal Place of Business <b>5111 RIDGEWOOD AVENUE          SUITE 300          PORT ORANGE, FL 32118 US</b>	Mailing Address <b>5111 RIDGEWOOD AVENUE          SUITE 300          PORT ORANGE, FL 32118 US</b>
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**00016404**



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01092008 No Chg-LLC CR2E083 (12/07)

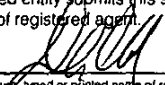
4. FEI Number <b>20-4844471</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CLARK, D. ANDREW  
 5111 RIDGEWOOD AVENUE  
 SUITE 300  
 PORT ORANGE, FL US**

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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)

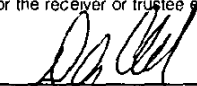
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARK, D. ANDREW 5111 RIDGEWOOD AVENUE, SUITE 300 PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

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