2008 LIMITED LIABILITY COMPANY

Jan 15, 2008 8:00 am **Secretary of State ANNUAL REPORT** 01-15-2008 90017 017 ***138.75 DOCUMENT # L06000063165 1. Entity Name 606JL, LLC AUUUX~~ Principal Place of Business Mailing Address P.O. BOX 551181 P.O. BOX 551181 JACKSONVILLE, FL 32255 JACKSONVILLE, FL 32255 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 51-0587810 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUDWIG & ASSOC., P.A. Street Address (P.O. Box Number is Not Acceptable) 5150 BELFORT ROAD S. JACKSONVILLE, FL 32256 Zip Code City FL 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 SIGNATURE 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 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition LUDWIG, JEFFREY R NAME NAME P.O. BOX 551181 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32255 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-S1-ZIP TITLE TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Jeffrey R. Ludwig

SIGNATURE:

FILED