

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070775

FILED
Jan 13, 2008
Secretary of State

Entity Name: AUCTION IT JACKSONVILLE LLC

Current Principal Place of Business:

3516 ENTERPRIZE WAY SUITE 4
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

3516 ENTERPRIZE WAY SUITE 4
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 38-3738276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TYLER, STEVEN W
2388 GOLF VIEW DRIVE
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

TYLER, STEVEN W
1950 HICKORY TRACE DR
ORANGE PARK, FL 32003 US

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.

SIGNATURE: STEVEN W TYLER

01/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TYLER, STEVEN
Address: 2388 GOLF VIEW DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: MGRM () Delete
Name: TYLER, SARA
Address: 2388 GOLF VIEW DRIVE
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TYLER, STEVEN
Address: 1950 HICORY TRACE DR
City-St-Zip: ORANGE PARK, FL 32003

Title: MGRM (X) Change () Addition
Name: TYLER, SARA
Address: 950 HICKORY TRACE DR
City-St-Zip: ORANGE PARK, FL 32003

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN W TYLER

MGRM

01/13/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date