


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90031 048 \*\*\*\*50.00

<b>DOCUMENT # L06000081176</b> 1. Entity Name <b>TREBOR JACKSONVILLE, LLC</b>																							
Principal Place of Business <b>515 NORTH FLAGLER DRIVE, SUITE 808 WEST PALM BEACH, FL 33401</b>			Mailing Address <b>515 NORTH FLAGLER DRIVE, SUITE 808 WEST PALM BEACH, FL 33401</b>																				
2. Principal Place of Business No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																					
City & State		City & State		04242007 Chg-LLC CR2E083 (12/06)																			
Zip Country		Zip Country		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent <b>LEWIS, HAROLD L 2 SOUTH BISCAYNE BLVD., SUITE 2400 ONE BISCAYNE TOWER MIAMI, FL 33131</b>																			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____																							
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State																				
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>MGRM CUILLO, ROBERT S</b></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td><b>515 NORTH FLAGLER DRIVE, SUITE 808 WEST PALM BEACH, FL 33401</b></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	<b>MGRM CUILLO, ROBERT S</b>		CITY-STATE-ZIP	<b>515 NORTH FLAGLER DRIVE, SUITE 808 WEST PALM BEACH, FL 33401</b>		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>T HOTARY, MICHAEL</b></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td><b>515 N. FLAGLER DR., STE 808 WEST PALM BEACH, FL 33401</b></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	<b>T HOTARY, MICHAEL</b>		CITY-STATE-ZIP	<b>515 N. FLAGLER DR., STE 808 WEST PALM BEACH, FL 33401</b>	
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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: <u>Michael Hotary, Treasurer</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date <u>4-25-07</u> Daytime Phone # <u>(561) 478-4990</u>																			