

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081176

FILED
Jul 20, 2009
Secretary of State

Entity Name: TREBOR JACKSONVILLE, LLC

Current Principal Place of Business:

515 NORTH FLAGLER DRIVE, SUITE 808
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

515 NORTH FLAGLER DRIVE, SUITE 808
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LEWIS, HAROLD L
2 SOUTH BISCAYNE BLVD., SUITE 2400
ONE BISCAYNE TOWER
MIAMI, FL 33131 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: CUILLO, ROBERT S
Address: 515 NORTH FLAGLER DRIVE, SUITE 808
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Delete
Name: HOTARY, MICHAEL
Address: 515 NORTH FLAGLER DR SUITE 808
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL HOTARY

T

07/20/2009

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