

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005449

Entity Name: JAX ONE SHANDS, LLC

FILED
Aug 29, 2009
Secretary of State

Current Principal Place of Business:

544 W 17TH ST.
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

2103 INDIAN SPRING DR.
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 02-0796862 FEI Number Applied For () FEI Number Not Applicable () 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:

FORD, JOHN J
210 ENFIELD RD
DELRAY BEACH, FL 33444 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:

Title: MGR () Delete
Name: KITKOWSKI, REBECCA
Address: 2103 INDIAN SPRING DR.
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: MGR () Delete
Name: FORD, JOHN
Address: 210 ENFIELD RD
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES:

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

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: REBECCA KITKOWSKI

M

08/29/2009

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