

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000060404

FILED  
Jan 11, 2009  
Secretary of State

Entity Name: ELEVENTH STREET JAX, LLC

## Current Principal Place of Business:

257 JONES RD.  
JACKSONVILLE, FL 32220 US

## New Principal Place of Business:

## Current Mailing Address:

257 JONES RD.  
JACKSONVILLE, FL 32220 US

## New Mailing Address:

FEI Number: 30-0499367

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KITTRELL, JIMMY  
257 JONES RD.  
JACKSONVILLE, FL 32220 US

## Name and Address of New Registered Agent:

MCCORVEY, JOHN H JR  
1912 HAMILTON STREET  
SUITE 204  
JACKSONVILLE, FL 32210 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: JOHN H. MCCORVEY, JR

01/11/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: KITTRELL, JIMMY  
Address: 257 JONES RD.  
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: MGRM ( ) Delete  
Name: JOHNSON, JACKY  
Address: 7346 STRATO RD.  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: DPM (X) Change ( ) Addition  
Name: KITTRELL, JIMMY B  
Address: 257 JONES RD.  
City-St-Zip: JACKSONVILLE, FL 32220 US

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

Title: S ( ) Change (X) Addition  
Name: KIRKLAND, ALICE E  
Address: 257 JONES RD  
City-St-Zip: JACKSONVILLE, FL 32220

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: JIMMY B. KITTRELL

DPM

01/11/2009

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