

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076896

Entity Name: JAX BEACH REALTY, LLC

FILED  
Feb 21, 2008  
Secretary of State

**Current Principal Place of Business:**

711 3RD STREET S  
12  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

711 3RD STREET S  
12  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

FEI Number: 26-0593722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NORMAN, CLYDE  
2912 SEA HAWK DRIVE  
PONTE VEDRA BEACH, FL 32802 US

**Name and Address of New Registered Agent:**

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: NORMAN, CLYDE D  
Address: 611 PONTE VEDRA BEACH BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM ( ) Delete  
Name: THOMPSON, SUSAN N  
Address: 808 EAST MERCURY BLVD  
City-St-Zip: HAMPTON, VA 23663

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NORMAN, CLYDE D  
Address: 2912 SEA HAWK DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR (X) Change ( ) Addition  
Name: THOMPSON, SUSAN N  
Address: 808 EAST MERCURY BLVD  
City-St-Zip: HAMPTON, VA 23663

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: CLYDE NORMAN

MGRM

02/21/2008

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