

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118740

FILED
Feb 05, 2010
Secretary of State

Entity Name: LOMAX PARTNERSHIP, LLC

Current Principal Place of Business:

3991 ST. JOHNS AVENUE
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

3991 ST. JOHNS AVENUE
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-2392829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOUEMIRE, CARL
4712 APACHE AVENUE
JACKSONVILLE, FL 32210 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: MGRM
Name: CARL STOUEMIRE LIVING TRUST
Address: 4712 APACHE AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR
Name: SMITH, LINDER JR.
Address: 4401 LAKESIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR
Name: BURNER, DAVIS
Address: 2932 CHEROKEE AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM
Name: JOYCE B STOUEMIRE LIVING TRUST
Address: 189 SAN JUAN DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby 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: CARL STOUEMIRE, TRUSTEE

MGRM

02/05/2010

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