

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119707

**FILED**  
**Feb 12, 2009**  
**Secretary of State**

**Entity Name:** MT HOLDINGS OF JACKSONVILLE, LLC

**Current Principal Place of Business:**

4243 LOYS DRIVE  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

4243 LOYS DRIVE  
JACKSONVILLE, FL 32246

**New Mailing Address:**

**FEI Number:** 26-1560935

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MACEACHERN, ELIZABETH D  
4243 LOYS DRIVE  
JACKSONVILLE, FL 32246 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 ( ) Delete  
Name: MACEACHERN, MILES L  
Address: 4243 LOYS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM ( ) Delete  
Name: MACEACHERN, ELIZABETH D  
Address: 4243 LOYS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32246

**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:** ELIZABETH D. MACEACHERN

MGRM

02/12/2009

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