

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004151

FILED  
Mar 21, 2009  
Secretary of State

**Entity Name:** INTERNATIONAL TRADING COMPANY JACKSONVILLE LLC

**Current Principal Place of Business:**

3995 PEBBLE BROOKE CIRCLE SOUTH  
ORANGE PARK, FL 32065 US

**New Principal Place of Business:**

1431 RIVERPLACE BLVD  
3205  
JACKSONVILLE, FL 32207 US

**Current Mailing Address:**

3995 PEBBLE BROOKE CIRCLE SOUTH  
ORANGE PARK, FL 32065 US

**New Mailing Address:**

1431 RIVERPLACE BLVD  
3205  
JACKSONVILLE, FL 32207 US

FEI Number: 80-0159834

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

JONKERS, HERRALD J  
3995 PEBBLE BROOKE CIRCLE SOUTH  
ORANGE PARK, FL 32065 US

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

JONKERS, HERRALD J  
1431 RIVERPLACE BLVD  
3205  
JACKSONVILLE, FL 32207 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: HERRALD J JONKERS

03/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JONKERS, HERRALD J  
Address: 3995 PEBBLE BROOKE CIRCLE  
City-St-Zip: ORANGE PARK, FL 32065 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JONKERS, HERRALD J  
Address: 1431 RIVERPLACE BLVD  
City-St-Zip: JACKSONVILLE, FL 32207 US

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: HERRALD J JONKERS

CEO

03/21/2009

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