

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000007528

Entity Name: 6300 YUKON ROAD, LLC

FILED
Jan 11, 2009
Secretary of State

Current Principal Place of Business:

239 JONES ROAD
JACKSONVILLE, FL 32220

New Principal Place of Business:

257 JONES ROAD
JACKSONVILLE, FL 32220

Current Mailing Address:

239 JONES ROAD
JACKSONVILLE, FL 32220

New Mailing Address:

257 JONES ROAD
JACKSONVILLE, FL 32220

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AKEL, DANIEL D
ONE INDEPENDENT DRIVE, SUITE 2301
JACKSONVILLE, FL 32202 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: KITTRELL, JIMMY
Address: 239 JONES ROAD
City-St-Zip: JACKSONVILLE, FL 32220

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

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

ADDITIONS/CHANGES:

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

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

Title: AS () 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