

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074090

Entity Name: L.B.J. OF NW FLORIDA, LLC

FILED
Jun 26, 2009
Secretary of State

Current Principal Place of Business:

41 RIDGELAKE RD.
MARY ESTHER, FL 32569

New Principal Place of Business:

Current Mailing Address:

41 RIDGELAKE RD.
MARY ESTHER, FL 32569

New Mailing Address:

FEI Number: 26-3603271 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JENKINS, JAMES C
41 RIDGELAKE RD.
MARY ESTHER, FL 32569 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: JENKINS, JAMES C
Address: 41 RIDGELAKE RD.
City-St-Zip: MARY ESTHER, FL 32569 US

Title: MGRM () Delete
Name: LUX, MARY J
Address: 14 FOSTER LN
City-St-Zip: DOWNINGTOWN, PA 19335 US

Title: MGRM () Delete
Name: JENKINS, WILLIAM D
Address: 701 ELISE LN
City-St-Zip: DESTIN, FL 32541 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES C. JENKINS

MGRM

06/26/2009

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