

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000076198

Entity Name: JAXVILLE-EASTPORT, LLC

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3701 COASTAL VIEW DRIVE  
JACKSONVILLE, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 350633  
JACKSONVILLE, FL 32235

**New Mailing Address:**

P.O. BOX 51089  
JACKSONVILLE BEACH, FL 32240 US

FEI Number: 26-3155713

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KHOSROWZADEH, BARRY  
3701 COASTAL DRIVE  
JACKSONVILLE, FL 32250 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  
Name: KHOSROWZADEH, BARRY  
Address: 3701 COASTAL VIEW DRIVE  
City-St-Zip: JACKSONVILLE, FL 32250

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: BARRY KHOSROWZADEH

MR.

02/23/2010

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