

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000091057

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**Entity Name:** BEAVER STREET COMMISSARY LLC

**Current Principal Place of Business:**

927 W FORSYTH STREET  
JACKSONVILLE, FL 32204 US

**New Principal Place of Business:**

2366 W. BEAVER STREET  
JACKSONVILLE, FL 32209 US

**Current Mailing Address:**

165 WELLS RD, STE 304  
ORANGE PARK, FL 32068

**New Mailing Address:**

**FEI Number:** 26-3420697

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARLSON, MARY ANN  
165 WELLS ROAD  
304  
ORANGE PARK, FL 32073 US

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

CARLSON, MARY ANN  
165 WELLS ROAD, STE 304  
ORANGE PARK, FL 32073 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:** MARY ANN CARLSON

03/23/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SIFTON, PAUL G  
**Address:** 927 W FORSYTH STREET  
**City-St-Zip:** JACKSONVILLE, FL 32204 US

**Title:** MGRM  
**Name:** CARLSON, MARY ANN  
**Address:** 165 WELLS ROAD, STE 304  
**City-St-Zip:** ORANGE PARK, FL 32073 US

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:** PAUL G. SIFTON

MGRM

03/23/2011

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