

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000110910

Entity Name: FJR ENTERPRISES, L.L.C.

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1650 ART MUSEUM DRIVE, STE 17  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

1650 ART MUSEUM DRIVE, STE 11  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1650 ART MUSEUM DRIVE, STE 17  
JACKSONVILLE, FL 32207

**New Mailing Address:**

1650 ART MUSEUM DRIVE, STE 11  
JACKSONVILLE, FL 32207

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

DEMPS, JOHN W SR  
1650 ART MUSEUM DRIVE, STE 17  
JACKSONVILLE, FL 32207 US

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

DEMPS, JOHN W SR  
1650 ART MUSEUM DRIVE, STE 11  
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:

04/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TOWNSEND, RONALD  
Address: 1650 ART MUSEUM DRIVE, STE 11  
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM  
Name: DEMPS, JOHN W SR  
Address: 1650 ART MUSEUM DRIVE, STE 11  
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM  
Name: DEMPS, FREDERICK  
Address: 1650 ART MUSEUM DRIVE, STE 11  
City-St-Zip: JACKSONVILLE, FL 32207

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: JOHN W. DEMPS, SR.

MGRM

04/30/2010

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