


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90372 018 \*\*\*138.75

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <b>DOCUMENT # L99000002041</b><br>1. Entity Name<br><b>TEN BROECK JACKSONVILLE, LLC</b>  |   |   |   |         |  |
| Principal Place of Business<br><b>603 MAIN STREET<br/>WINDERMERE, FL 34786</b>   |   |   | Mailing Address<br><b>P O BOX 1100<br/>WINDERMERE, FL 34786</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |  |  |
| City & State   |   | City & State  |   | 4. FEI Number<br><b>59-3568978</b>   |  |
| Zip  |   | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BARKMAN, KEVIN<br/>603 MAIN STREET<br/>WINDERMERE, FL 34786-1100</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |   |   |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |   | <b>Make check payable to<br/>Florida Department of State</b>      |   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |   | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGRC<br/>DIZNEY, DONALD R<br/>603 MAIN STREET<br/>WINDERMERE, FL 34786</b> | <input type="checkbox"/> Delete                                   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>VC<br/>ENGLISH, JAMES E<br/>603 MAIN STREET<br/>WINDERMERE, FL 34786</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>P<br/>DIZNEY, DAVID A<br/>603 MAIN STREET<br/>WINDERMERE, FL 34786</b>     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>EVPS<br/>BARKMAN, KEVIN<br/>603 MAIN STREET<br/>WINDERMERE, FL 34786</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>VPF<br/>FEHR, STEPHEN<br/>603 MAIN STREET<br/>WINDERMERE, FL 34786</b>     | <input checked="" type="checkbox"/> Delete                        |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | (Empty)   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. |   |   |   |  |  |
| <b>SIGNATURE:</b> <i>Kevin Barkman</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |   |   | 4-24-08<br><small>Date</small>   |  |
| <small>Daytime Phone #</small>   |   |   |   |  |  |