2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000002705

1. Entity Name

TITLE

NAME

STREET ADORESS

CITY-ST-ZIP



FILED May 01, 2007 8:00 am Secretary of State 05-01-2007 90328 011 ****50.00

	. & A330	CIATES X, L.C.		. '		/
Principal Place of Business 7880 GATE PKWY STE 300 JACKSONVILLE, FL 32256		Mailing Address 7880 GATE PKWY STE 300		<u> </u>	60047166	
			JACKSONVILLE, FL 327	256		1 JERNAR AN 1846 IANA 1866 IAN
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01082007 Chg-LLC CR2E083 (12/06)	
City & State		City & State			4. FEI Number Applied For 59-3575717 Not Applicable	
Zip Country		Country	Zip Country		try	5. Certificate of Status Desired S5.00 Additional Fee Required
	6. Name	and Address of Current F	Registered Agent		I	7. Name and Address of New Registered Agent
ASHOURIAN, MIKE					Name A	SHOURIAN, MIKE
43947 - 210 BEACH BLVD JACKSONVILLE: FL 32224					Street Address	7880 GATE PARKWAT SUITE SOO
0,10110071	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					JACKSONVILLE, FL 32256
					City	FL Zip Code
	named entity ions of regist		the purpose of changing its	registere	ed office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .						
	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTI	E: Registered	d Agent signature require	ed when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2007			1			
						Make check payable to. Florida Department of State
	ue by May		RS/MANAGERS	10.		Make check payable to
9. TITLE	MGR	MANAGING MEMBER	RS/MANAGERS Delete	TITLE		Make check payable to. Florida Department of State
9.	MGR ASHOURI	MANAGING MEMBER		TITLE	E	Make check payable to. Florida Department of State ADDITIONS/CHANGES
9. TITLE NAME	MGR ASHOURI 7880 GAT	MANAGING MEMBER		TITLE NAMI STRE		Make check payable to. Florida Department of State ADDITIONS/CHANGES
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR ASHOURI 7880 GAT	MANAGING MEMBER MAN, MIKE E PKWY, STE 300		TITLE NAME STRE CITY-	E EET ADDRESS - ST - ZIP	Make check payable to. Florida Department of State ADDITIONS/CHANGES
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR ASHOURI 7880 GAT	MANAGING MEMBER MAN, MIKE E PKWY, STE 300	☐ Delete	NAME NAME STRE CITY TITLE	E EET ADDRESS -S1-ZiP E E	Make check payable to. Florida Department of State ADDITIONS/CHANGES Change Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR ASHOURI 7880 GAT	MANAGING MEMBER MAN, MIKE E PKWY, STE 300	☐ Delete	TITLE NAME STRE CITY TITLE NAME STRE	E EET ADDRESS - ST - ZIP	Make check payable to. Florida Department of State ADDITIONS/CHANGES Change Addition
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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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE: Elaine Ashoun'an Elaine Ashoun'an SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Delete

904 992 9000 Daytime Phone #

☐ Change ☐ Addition