

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000004482 1. Entity Name TREMIRON JACKSONVILLE, L.C.	
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Principal Place of Business 2885 ST. CLAIR ST. JACKSONVILLE, FL 32254	Mailing Address 2885 ST. CLAIR ST. JACKSONVILLE, FL 32254
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DO NOT WRITE IN THIS SPACE



07022004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3598951	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CARON, HUGUES 2885 ST. CLAIR ST. JACKSONVILLE, FL 32254

**DO NOT WRITE
IN THIS SPACE**

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.

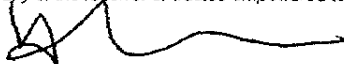
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$50.00 Due by September 8, 2004	 CL# 20009 7/30/2004	000000169304 08/04/04-80001-019 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PACITTI, EDILIO 11321 N.W. 138TH STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARON, MICHEL 11321 N.W. 138TH STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARON, HUGUES 2885 ST. CLAIR ST. JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PACITTI, MARISA 11321 NW 138TH STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 60B, Florida Statutes.

SIGNATURE: 	7/2/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date