

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004482

FILED
May 01, 2006
Secretary of State

Entity Name: TREMRON JACKSONVILLE, L.C.

Current Principal Place of Business:

2885 ST. CLAIR ST.
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

2885 ST. CLAIR ST.
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 59-3598951 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CARON, HUGUES
2885 ST. CLAIR ST.
JACKSONVILLE, FL 32254 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PACITTI, EDILIO
Address: 11321 N.W. 138TH STREET
City-St-Zip: MIAMI, FL 33178

Title: MGR () Delete
Name: CARON, MICHEL
Address: 11321 N.W. 138TH STREET
City-St-Zip: MIAMI, FL 33178

Title: MGR () Delete
Name: CARON, HUGUES
Address: 2885 ST. CLAIR ST.
City-St-Zip: JACKSONVILLE, FL 32254

Title: MGR () Delete
Name: PACITTI, MARISA
Address: 11321 NW 138TH STREET
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: HUGUES CARON

MGR

05/01/2006

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