

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000001584

Entity Name: PF JAX TWO, LLC

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

ONE MIDDLE STREET  
PORTSMOUTH, MH 03801

**New Principal Place of Business:**

2477 U.S. HIGHWAY 1 SOUTH  
ST. AUGUSTINE, FL 32086

**Current Mailing Address:**

ONE MIDDLE STREET  
PORTSMOUTH, MH 03801

**New Mailing Address:**

PO BOX 4007  
PORTSMOUTH, NH 03801

FEI Number: 27-0764642

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ABRAHAM, DAVID ESQ  
50 N LAURA STREET STE 2750  
JACKSONVILLE, FL 32202 US

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

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  
Name: FREGEAU, PETER  
Address: PO BOX 4007  
City-St-Zip: PORTSMOUTH, OH 03802

Title: MGR  
Name: PAPPAS, BRYAN  
Address: PO BOX 4007  
City-St-Zip: PORTSMOUTH, OH 03802

Title: MGR  
Name: MURRAY, MIKE  
Address: PO BOX 208  
City-St-Zip: PORTSMOUTH, FH 03802

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: PETER FREGEAU

MEMB

02/18/2011

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