

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90012 035 ****50.00

DOCUMENT # L03000016867

1. Entity Name
SOUTH JAX PROPERTIES, LLC



Principal Place of Business
12276 SAN JOSE BLVD #306
JACKSONVILLE, FL 32259 US

Mailing Address
12276 SAN JOSE BLVD #306
JACKSONVILLE, FL 32259 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142005 Chg-LLC CR2E083 (10/03)

4. FEI Number
58-2668944

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLEMAN, C. RANDOLPH
9250 BAYMEADOWS ROAD, SUITE 450
JACKSONVILLE, FL 32256-1813

Name

Kathryn Murphy

Street Address (P.O. Box Number is Not Acceptable)

12276 San Jose Blvd #306

City

Jacksonville

FL

Zip Code 32223

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

Kathryn R. Murphy

(NOTE: Registered Agent signature required when reinstating)

4/14/05

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME MURPHY, KATHRYN
STREET ADDRESS 1101 MILL CREEK DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME PATTERSON, RUTH
STREET ADDRESS 1151 NATURES HAMMOCK RD S
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE
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CITY-ST-ZIP

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

SIGNATURE:

Kathryn R. Murphy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/14/05 904-230-9220