


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000036265 1. Entity Name BOM JAX LAND HOLDING COMPANY, LLC	
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Principal Place of Business 1615 NW FEDERAL HIGHWAY STUART, FL 34994	Mailing Address 1615 NW FEDERAL HIGHWAY STUART, FL 34994
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DO NOT WRITE IN THIS SPACE



04102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0245485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, ANDREW T
 1615 NW FEDERAL HIGHWAY
 STUART, FL 34994

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

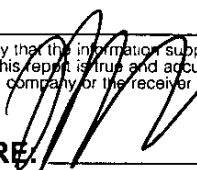
**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALKER, ANDREW T 1615 NW FEDERAL HIGHWAY STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLANT, ANDREW S 1615 NW FEDERAL HIGHWAY STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZAYAS, HENRY R 1615 NW FEDERAL HWY. STUART, FL 34994
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/01/07-80020-024 50.00

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.

SIGNATURE  **4/19/07 772-878-5858**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #