

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000002923

**FILED**  
**Apr 25, 2005**  
**Secretary of State**

**Entity Name:** WEST JAX, L.L.C.

**Current Principal Place of Business:**

3840 CROWN POINT ROAD  
SUITE A  
JCKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

3840 CROWN POINT ROAD  
SUITE A  
JCKSONVILLE, FL 32257

**New Mailing Address:**

**FEI Number:** 59-3632854      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

COLLINS, JOSEPH D  
3840 CROWN POINT ROAD  
SUITE A  
JCKSONVILLE, FL 32257 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/MEMBERS:**

**Title:** MGR      ( ) Delete  
**Name:** THE COLLINS GROUP, I, NC.  
**Address:** 3840 CROWN POINT ROAD, SUITE A  
**City-St-Zip:** JCKSONVILLE, FL 32257

**ADDITIONS/CHANGES:**

**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 Section 119.07(3)(i), 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: MARK A KNOWLES

V

04/25/2005

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