2005 LIMITED LIABILITY COMPANY

FILED May 02, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L00000006914 1. Entity Name CAPITAL PARTNERS - JAX LLC Mailing Address Principal Place of Business ___ ONE INDEPENDENT DR. STE. 114 ONE INDEPENDENT DR. STE. 114 JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 CR2E083 (10/03) 04262005 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3651614 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE EVANS, WILLIAM G ONE INDEPENDENT DR. STE. 114 JACKSONVILLE, FL 32202 IN THIS SPACE 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 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, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE 000000358523 05/04/05-80117-013 **50.**00 ACP-JRL PARTNERSHIP, LTD. NAME 512 E WASHINGTON ST., STE 200 STREET ADDRESS ORLANDO, FL 32801 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 Reiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C0Y-57-7/P

Jans