

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90029 010 \*\*\*\*50.00

**DOCUMENT # L00000010892**

1. Entity Name

**JAX HOTEL, LLC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**c/o ORIX Capital Markets, LLC**

3. Mailing Address  
**1717 Main Street**

Suite, Apt. #, etc.  
**1717 Main St. - 9th Floor**

Suite, Apt. #, etc.  
**9th Floor**

City & State  
**Dallas, TX**

City & State  
**Dallas, TX**

Zip  
**75201**

Country  
**USA**

Zip  
**75201**

Country  
**USA**

4. FEI Number **58-2574333**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Corporation Company of Miami**

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

**201 S. Biscayne Blvd.**

**1500 Miami Center (JDW)**

City **Miami**

**FL**

Zip Code  
**33131**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM - ORIX Capital Markets, LLC  
1717 Main Street - 9th Floor  
Dallas, TX 75201**

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**DO NOT WRITE  
IN THIS SPACE**

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 606, Florida Statutes.

**ORIX Capital Markets, LLC By: Paul Milosevich, Director-REO**

**SIGNATURE**

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

**1-9-03**

Date

**214 237-2208**

Daytime Phone #

CR2E083B (12/02)