

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-19-2005 90011 013 ****50.00

DOCUMENT # L00000013414					
1. Entity Name JAXCON LLC					
Principal Place of Business 1318 AVONDALE AVE. JACKSONVILLE, FL 32205			Mailing Address BOX 27117 JACKSONVILLE, FL 32206-0117		
2. Principal Place of Business <u>2919 FORBES STREET</u>		3. Mailing Address <u>P.O. Box 37321</u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <u>JACKSONVILLE FL</u>		City & State <u>JACKSONVILLE, FL</u>		4. FEI Number <u>59-3681546</u>	
Zip <u>32205</u>		Country <u>DUVAL</u>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DANIEL WESLEY SUTTON 2919 FORBES ST. JACKSONVILLE, FL 32205		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ 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 NAME STREET ADDRESS CITY - ST - ZIP	MGR <input type="checkbox"/> Delete SUTTON, DANIEL W. MGR 1318 AVONDALE AVENUE JACKSONVILLE, FL 32205		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUTTON, DANIEL W. 2919 FORBES STREET JACKSONVILLE, FL 32205	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Daniel W. Sutton</u> DANIEL W. SUTTON			<u>4/14/05</u> 4/14/05		<u>(904) 626-2725</u> (904) 626-2725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #