


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 08, 2006 08:00 A
Secretary of State

DOCUMENT # L00000013414		
1. Entity Name JAXCON LLC		
Principal Place of Business 2919 FORBES ST JACKSONVILLE, FL 32205 US		Mailing Address PO BOX 37321 JACKSONVILLE, FL 32236 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DANIEL WESLEY SUTTON 2919 FORBES ST. JACKSONVILLE, FL 32205		DO NOT WRITE IN THIS SPACE
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by September 6, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE	MGR	
NAME	SUTTON, DANIEL W	
STREET ADDRESS	2919 FORBES ST	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u><i>DW Sutton</i></u> DANIEL W. SUTTON		8/03/06 (904) 624-2725
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



08012006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3681546

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required