


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L00000016303 <b>1. Entity Name</b> JAXDOCS, LLC	
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<b>Principal Place of Business</b> 3599 UNIVERSITY BLVD. SOUTH, SUITE 1202 JACKSONVILLE, FL 32216	<b>Mailing Address</b> 3599 UNIVERSITY BLVD. SOUTH, SUITE 1202 JACKSONVILLE, FL 32216
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**DO NOT WRITE IN THIS SPACE**



02122005No Chg-LLC

CR2E083 (10/03)

<b>4. FEI Number</b> 59-3687686	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  WALDRON, JAMES S 3599 UNIVERSITY BLVD. SOUTH, SUITE 1202 JACKSONVILLE, FL 32216
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**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** \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) **DATE** \_\_\_\_\_


**Filing Fee is \$50.00  
Due by May 1, 2005**

<b>9. MANAGING MEMBERS/MANAGERS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR WALDRON, JAMES S 3599 UNIVERSITY BLVD. SOUTH, SUITE 1202 JACKSONVILLE, FL 32216
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM WALDRON, ANNE H 3599 UNIVERSITY BLVD. SOUTH SUITE 1202 JACKSONVILLE, FL 32216
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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02/15/05-80050-003 50.00

**DO NOT WRITE  
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**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **2-11-2005** **904-396-9911**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #