

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000004076

1. Entity Name
JAXRESEARCH SYSTEMS, LLC



Principal Place of Business
**4085 UNIVERSITY BLVD S
STE 1
JACKSONVILLE, FL 32216**

Mailing Address
**4085 UNIVERSITY BLVD S
STE 1
JACKSONVILLE, FL 32216**

DO NOT WRITE IN THIS SPACE



01092004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3716637

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KOREN, MICHAEL J
4085 UNIVERSITY BLVD. SOUTH, SUITE 1
JACKSONVILLE, FL 32216**

**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, 2004**

1100000024709
02/02/04-80078-003 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PCEO
KOREN, MICHAEL J M.D.
4085 UNIVERSITY BLVD S., STE 1
JACKSONVILLE, FL 32216**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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)(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: _____

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

Date

1/14/04
Daytime Phone