

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2006 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
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01052006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3716637	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KOREN, MICHAEL J 4085 UNIVERSITY BLVD. SOUTH, SUITE 1 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, 2006**

100000452332
03/11/06-80023-008 50.00

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
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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:

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

Date

Daytime Phone #

2/22/06