2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000004076

1. Entity Name
JAXRESEARCH SYSTEMS, LLC

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

DO NOT WRITE IN THIS SPACE

03102008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
59-3716637	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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6. **Name and Address of Current Registered Agent**

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

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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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000876782
04/11/08-80089-006 138.75

9. MANAGING MEMBERS/MANAGERS

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

TITLE	
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CITY-ST-ZIP	

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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 #