


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000001784 1. Entity Name JAX THREE DEVELOPMENT LLC	
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Principal Place of Business 11985 US HWY 1 SUITE 207 NORTH PALM BEACH, FL 33408 US	Mailing Address 11985 US HWY 1 SUITE 207 NORTH PALM BEACH, FL 33408 US
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03312007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0490233	Applied For 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 JONES, JOHN A 11985 US HWY 1 SUITE 207 NORTH PALM BEACH, FL FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000719334
05/01/07-80061-004 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHORT, KEITH M 11985 US HWY 1; SUITE 207 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILL, GLENN R 11985 US HWY 1; SUITE 207 NORTH PALM BEACH, FL 33408
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **4/16/07** **954-683-7857**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #