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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000036265

1. Entity Name
BOM JAX LAND HOLDING COMPANY, LLC

Principal Place of Business	Mailing Address
1615 NW FEDERAL HIGHWAY STUART, FL 34994	1615 NW FEDERAL HIGHWAY STUART, FL 34994

02172006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0245485
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WALKER, ANDREW T
1615 NW FEDERAL HIGHWAY
STUART, FL 34994

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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 _____ (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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WALKER, ANDREW T
STREET ADDRESS	1615 NW FEDERAL HIGHWAY
CITY-ST-ZIP	STUART, FL 34994
TITLE	MGR
NAME	GALLANT, ANDREW S
STREET ADDRESS	1615 NW FEDERAL HIGHWAY
CITY-ST-ZIP	STUART, FL 34994
TITLE	MGR
NAME	ZAYAS, HENRY R
STREET ADDRESS	1615 NW FEDERAL HWY.
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: _____ Henry R. Zayas, MD 2/17/06 772-878-5858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED