

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000036265

1. Entity Name
BOM JAX LAND HOLDING COMPANY, LLC



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

Mailing Address
**1615 NW FEDERAL HIGHWAY
STUART, FL 34994**



01222008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0245485	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 re-stating)

DATE _____

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

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, ANDREWS
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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02/26/08-80080-021 138.75

**DO NOT WRITE
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: _____

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

Andrew S. Gallant

2/14/08

Date

772-878-5858

Daytime Phone #