

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026485

**FILED**  
**Apr 22, 2009**  
**Secretary of State**

**Entity Name:** JACKSONVILLE WEST 95 PARTNERS, LLC

**Current Principal Place of Business:**

1951 NW 19TH STREET SUITE 200  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

1645 PALM BEACH AKES BLVD. SUITE 1200  
W. PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 20-0972999

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GERSON, GARY N  
1645 PALM BEACH LAKES BLVD. STE. 1200  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** M ( ) Delete  
**Name:** FALCON 95 PARTNERS, LLC  
**Address:** 1951 NW 19TH STREET SUITE 200  
**City-St-Zip:** BOCA RATON, FL 33431

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** FALCON 95 PARTNERS, LLC  
**Address:** 1951 NW 19TH STREET SUITE 200  
**City-St-Zip:** BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** FALCON 95 PARTNERS, LLC

**MGR**

**04/22/2009**

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date