

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033836

FILED
Jan 23, 2009
Secretary of State

Entity Name: JACKSONVILLE OPERATING COMPANY, LLC

Current Principal Place of Business:

7900 BELFORT PARKWAY
300
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

4001 RICHMOND PARK DRIVE EAST
JACKSONVILLE, FL 32224

New Mailing Address:

7900 BELFORT PARKWAY
300
JACKSONVILLE, FL 32256

FEI Number: 57-1211158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZADEH, ROW J
4001 RICHMOND PARK DRIVE EAST
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

ZADEH, ROW J
7900 BELFORT PARKWAY
300
JACKSONVILLE, FL 32256 US

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:

01/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ZADEH, ROW J
Address: 4001 RICHMOND PARK DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGR () Delete
Name: KING, DREW
Address: 4001 RICHMOND PARK DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ZADEH, ROW J
Address: 7900 BELFORT PARKWAY, STE 300
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DREW KING

MGR

01/23/2009

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