

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90041 020 ****50.00

DOCUMENT # L04000037276

1. Entity Name
JAX INVESTORS, LLC



Principal Place of Business
**1914 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207**

Mailing Address
**1914 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207**

40070631



DO NOT WRITE IN THIS SPACE

01182007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
51-0510654

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TROUP, KEVIN L
1914 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207**

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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 reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PYBURN, WILLIAM T
1914 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TROUP, KEVIN L
1914 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/16/07
Date

Daytime Phone #