

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040996

FILED
Apr 23, 2006
Secretary of State

Entity Name: JACKSONVILLE HOME RENTALS, LLC

Current Principal Place of Business:

4241 BAYMEADOWS RD, STE 22
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

4241 BAYMEADOWS RD, STE 22
JACKSONVILLE, FL 32217

New Mailing Address:

P.O. BOX 600865
JACKSONVILLE, FL 32260

FEI Number: 20-5531544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CALDWELL, G.W.
4241 BAYMEADOWS RD, STE 22
JACKSONVILLE, FL 32217 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: MGRM () Delete
Name: CALDWELL, GEORGE
Address: 1157 DURBIN PARKE DR
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGR () Delete
Name: CALDWELL, MARY ELIZABETH
Address: 1157 DURBIN PARKE DR
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGR (X) Delete
Name: GRAY, DAVID F
Address: 8650 S OCEAN DR, UNIT 1005
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GEORGE W. CALDWELL

MGRM

04/23/2006

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