

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041669

Entity Name: JAX SPORTSWORLD, LLC

FILED
Jan 10, 2007
Secretary of State

Current Principal Place of Business:

3605 PHILIPS HIGHWAY
JACKSONVILLE, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

8055 WHISPER LAKE LANE WEST
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-1194945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOB, PETE
8055 WHISPER LAKE LANE WEST
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

JACOB, PETER C
8055 WHISPER LAKE LANE WEST
PONTE VEDRA BEACH, FL 32082 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: PETER C JACOB

01/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JACOB, PETE
Address: 8055 WHISPER LAKE LANE WEST
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM () Delete
Name: LEONARD, STEVE
Address: 24601 DEER TRACE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JACOB, PETER C
Address: 8055 WHISPER LAKE LANE WEST
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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: PETER C JACOB

MGRM

01/10/2007

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