

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 05, 2005 8:00 am
Secretary of State

07-11-2005 90043 030 ****50.00

DOCUMENT # L04000071019 1. Entity Name JMJ SUWANNEE RIVER, LLC					
Principal Place of Business 3625 HENDRICKS AVENUE JACKSONVILLE, FL 32207			Mailing Address 3625 HENDRICKS AVENUE JACKSONVILLE, FL 32207		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MICKLER, ROBERT O 1301 RIVERPLACE BOULEVARD, SUITE 1500 JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent Name J. Malcolm Jones, Jr. Street Address (P.O. Box Number is Not Acceptable) 3625 Hendricks Avenue City Jacksonville FL Zip Code 32207	
4. FEI Number NOT APPLICABLE					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
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					
Filing Fee is \$90.00 Due by September 7, 2005					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Owner/Manager J. Malcolm Jones, Jr. 3625 Hendricks Avenue Jacksonville, FL 32207		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Aug 7 2005 Daytime Phone # 904-398-4715					