

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-12-2005 90031 025 *****50.00
L04000084459

DOCUMENT # L04000084459 1. Entity Name JAXATL CAPITAL LLC					
Principal Place of Business C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT DRIVE, STE. 114 JACKSONVILLE, FL 32202			Mailing Address C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT DRIVE, STE. 114 JACKSONVILLE, FL 32202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				04262005 Chg-LLC CR2E083 (10/03) (N)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HRAT SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON FL 33331				Name William G. Evans Street Address (P.O. Box Number is Not Acceptable) One Independent Drive Suite 114 City Jacksonville FL Zip Code 32202	
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 <u><i>William G. Evans</i></u> Principal (William G. Evans) 4/28/05 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member ☐ Delete William G. Evans One Independent Dr, Suite 114 Jacksonville, FL 32202		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	
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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 608, Florida Statutes.					
SIGNATURE: <u><i>William G. Evans</i></u> Principal SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <u>4/28/05</u> (904) 356-1978 Daytime Phone #		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

