
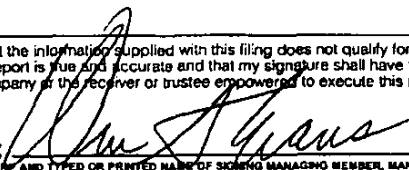


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

04-26-2007 90042 030 ****50.00

DOCUMENT # L04000084928			
1. Entity Name JAXATL MGR LLC			
Principal Place of Business C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT DRIVE, SUITE 114 JACKSONVILLE, FL 32202		Mailing Address C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT DRIVE, SUITE 114 JACKSONVILLE, FL 32202	
2. Principal Place of Business - No P.O. Box # One Independent Drive		3. Mailing Address One Independent Drive	
Suite, Apt. #, etc. Suite 1850		Suite, Apt. #, etc. Suite 1850	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32202	Country	Zip 32202	Country
4. FEI Number 20-1921911		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent EVANS, WILLIAM G ONE INDEPENDENT DRIVE, SUITE 114 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M EVANS, WILLIAM G ONE INDEPENDENT DRIVE, SUITE 114 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Suite 1850 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Authorized Representative 4/24/07 (904) 356-1978	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	