REJECTED
09-07-2006 90037 018 ****55.00
FILED
SECRETARY OF STATE L05000041174
DIVISION OF CORPORATIONS

06 SEP 28 AM 11:12

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000041174

1. Entity Name
JETT CARE JAX, L.L.C.

Principal Place of Business	Mailing Address
P.O. BOX 3765 PEACHTREE CITY, GA 30269	P.O. BOX 3765 PEACHTREE CITY, GA 30269

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08232006 Chg-LLC CR2E083 (11/05)

4. FEI Number — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STRAUSBAUGH, JAMES 2400 YANKEE CLIPPER DRIVE, CONCOURSE C JACKSONVILLE, FL 32218	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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALTER, KARL P.O. BOX 3765 PEACHTREE CITY, GA 30269	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9/7/06 - 90037 018 $55.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 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: [signature] 9-5-06 770-560-5346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #