2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2007
Secretary of State

DOCUMENT# L05000041174

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

Current Principal Place of Business:

P.O. BOX 3765
PEACHTREE CITY, GA 30269

New Principal Place of Business:

2400 YANKEE CLIPPER DRIVE
JACKSONVILL INTERNATIONAL AIRPORT
JACKSONVILLE, FL 32218

Current Mailing Address:

P.O. BOX 3765
PEACHTREE CITY, GA 30269

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STRAUSBAUGH, JAMES
2400 YANKEE CLIPPER DRIVE, CONCOURSE C
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WALTER, KARL
Address: P.O. BOX 3765
City-St-Zip: PEACHTREE CITY, GA 30269

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KARL WALTER MGR 07/03/2007

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