


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90131 028 \*\*\*\*50.00

**DOCUMENT # L05000041197**

1. Entity Name  
**AARON'S JAX-ORLANDO, L.L.C.**



**30003602**

Principal Place of Business  
**4141 SOUTHPOINT DRIVE EAST, STE B  
 JACKSONVILLE, FL 32216**

Mailing Address  
**4141 SOUTHPOINT DRIVE EAST, STE B  
 JACKSONVILLE, FL 32216**



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

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01052008 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-2743639** Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SILVERFIELD, GARY D  
 4141 SOUTHPOINT DRIVE EAST, STE B  
 JACKSONVILLE, FL 32216**

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2006**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Asst. Secretary <input type="checkbox"/> Delete <b>Gary D. Silverfield 4141 Southpoint Drive E., Sk. B Jacksonville, FL 32216</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Secretary <input type="checkbox"/> Delete <b>Helen Breeding 4141 Southpoint Drive E., Ste. B Jacksonville, FL 32216</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P., Asst. Sect. Treasurer <input type="checkbox"/> Delete <b>Leed Silverfield 4141 Southpoint Drive E., Sk. B Jacksonville, FL 32216</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P., Asst. Secretary <input type="checkbox"/> Delete <b>James A. Cranford 4141 Southpoint Drive E., Ste. B Jacksonville, FL 32216</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P., Asst. Secretary <input type="checkbox"/> Delete <b>Brian Kahn 4141 Southpoint Drive E., Sk. B Jacksonville, FL 32216</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P., Asst. Secretary <input type="checkbox"/> Delete <b>David Kahn 4141 Southpoint Drive E., Sk. B Jacksonville, FL 32216</b>	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:  \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Debit/Phone #



ATTACHMENT

30003602

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 14, 2006

AARON'S JAX-ORLANDO, L.L.C.  
4141 SOUTHPOINT DRIVE EAST, STE B  
JACKSONVILLE, FL 32216

Subject: AARON'S JAX-ORLANDO, L.L.C.

Reference Number: L05000041197

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj

ANNUAL REPORTS SECTION