


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000041197 1. Entity Name AARON'S JAX-ORLANDO, L.L.C.	
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Principal Place of Business 4141 SOUTHPOINT DRIVE EAST, STE B JACKSONVILLE, FL 32216	Mailing Address 4141 SOUTHPOINT DRIVE EAST, STE B JACKSONVILLE, FL 32216
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DO NOT WRITE IN THIS SPACE



01282008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2743639	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)


FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASP SILVERFIELD, GARY D 4141 SOUTHPOINT DR. E. STE. B JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BREEDING, HELEN 4141 SOUTHPOINT DR. E. STE. B JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASVT SILVERFIELD, LEED 4141 SOUTHPOINT DR. E. STE B JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV CRANFORD, JAMES A 4141 SOUTHPOINT SR. E. STE. B JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV KAHN, BRIAN 4141 SOUTHPOINT DR. E. STE. B JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV KAHN, DAVID 4141 SOUTHPOINT DR. E. STE. B JACKSONVILLE, FL 32216

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 04/17/08-80039-006 138.75

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:  4/3/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #