
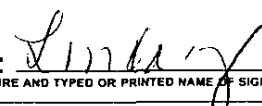


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 24, 2006 8:00 am
Secretary of State

05-24-2006 90036 031 ****55.00

DOCUMENT # L05000068804 1. Entity Name JAX NORTH FLORIDA VENTURE, LLC					
Principal Place of Business 1350 E. NEWPORT CENTER DRIVE, SUITE 202 DEERFIELD BEACH, FL 33442 US				Mailing Address 1350 E. NEWPORT CENTER DRIVE, SUITE 202 DEERFIELD BEACH, FL 33442 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KAY LAW OFFICES ATTN: JAMES R. KAY, ESQ. 700 VILLAGE SQUARE CROSSING, SUITE 102-B PALM BEACH GARDENS, FL 33410				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIBLING, GUENTHER			NAME	
STREET ADDRESS	1350 E. NEWPORT CENTER DRIVE, SUITE 202			STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442			CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIBLING, LORENZ			NAME	
STREET ADDRESS	118 MILK STREET			STREET ADDRESS	
CITY-ST-ZIP	BOSTON, MA 02109			CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRIGAN, PETER			NAME	
STREET ADDRESS	118 MILK STREET			STREET ADDRESS	
CITY-ST-ZIP	BOSTON, MA 02109			CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TULLY, SCOTT			NAME	
STREET ADDRESS	118 MILK STREET			STREET ADDRESS	
CITY-ST-ZIP	BOSTON, MA 02109			CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASSOF, LINDA			NAME	
STREET ADDRESS	1350 E. NEWPORT CENTER DRIVE, SUITE 202			STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442			CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFADDEN, JEFF K			NAME	
STREET ADDRESS	1560 ORANGE AVE., SUITE 410			STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32789			CITY-ST-ZIP	
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 Linda G. Kassof	
				Date 04/27/2006	
				Daytime Phone # (954) 428-4585	