

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3245363

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KAY LAW OFFICES
ATTN: JAMES R. KAY, ESQ.
700 VILLAGE SQUARE CROSSING, SUITE 102-B
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
REIBLING, GUENTHER
1350 E. NEWPORT CENTER DRIVE, SUITE 202
DEERFIELD BEACH, FL 33442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
REIBLING, LORENZ
118 MILK STREET
BOSTON, MA 02109**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MERRIGAN, PETER
118 MILK STREET
BOSTON, MA 02109**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TULLY, SCOTT
118 MILK STREET
BOSTON, MA 02109**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KASSOF, LINDA
1350 E. NEWPORT CENTER DRIVE, SUITE 202
DEERFIELD BEACH, FL 33442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MCFADDEN, JEFF K
1560 ORANGE AVE., SUITE 410
WINTER PARK, FL 32789**

U000000678979
04/03/07-80020-011 55.00

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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, OR AUTHORIZED REPRESENTATIVE

Linda Kassarof
Linda Kassarof

3-23-07
3-23-07

Date

Daytime Phone #

954 428-4585
954 428-4585