

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068804

FILED  
Feb 09, 2009  
Secretary of State

Entity Name: JAX NORTH FLORIDA VENTURE, LLC

## Current Principal Place of Business:

1350 E. NEWPORT CENTER DRIVE, SUITE 202  
DEERFIELD BEACH, FL 33442 US

## New Principal Place of Business:

## Current Mailing Address:

1350 E. NEWPORT CENTER DRIVE, SUITE 202  
DEERFIELD BEACH, FL 33442 US

## New Mailing Address:

FEI Number: 20-3245363

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## 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 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: MGR ( ) Delete  
Name: REIBLING, GUENTHER  
Address: 1350 E. NEWPORT CENTER DRIVE, SUITE 202  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: MGR ( ) Delete  
Name: REIBLING, LORENZ  
Address: 118 MILK STREET  
City-St-Zip: BOSTON, MA 02109

Title: MGR ( ) Delete  
Name: MERRIGAN, PETER  
Address: 118 MILK STREET  
City-St-Zip: BOSTON, MA 02109

Title: MGR ( ) Delete  
Name: TULLY, SCOTT  
Address: 118 MILK STREET  
City-St-Zip: BOSTON, MA 02109

Title: MGR ( ) Delete  
Name: KASSOF, LINDA  
Address: 1350 E. NEWPORT CENTER DRIVE, SUITE 202  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: MGR ( ) Delete  
Name: MCFADDEN, JEFF K  
Address: 1560 ORANGE AVE., SUITE 410  
City-St-Zip: WINTER PARK, FL 32789

## ADDITIONS/CHANGES:

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

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

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

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

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

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: LINDA G. KASSOF

MGR

02/09/2009

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