

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069106

Entity Name: JAVA JAX LLC

FILED  
Aug 26, 2007  
Secretary of State

**Current Principal Place of Business:**

9869 141ST. PATH  
LIVE OAK, FL 32060

**New Principal Place of Business:**

**Current Mailing Address:**

9869 141ST. PATH  
LIVE OAK, FL 32060

**New Mailing Address:**

FEI Number: 20-4867172      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MILLSAP, CHARLES M III  
9869 141ST.PATH  
LIVE OAK, FL 32060      US

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: MILLSAP, CHARLES M III  
Address: 9869 141ST. PATH  
City-St-Zip: LIVE OAK, FL 32060

Title: MGR      ( ) Delete  
Name: MILLSAP, DANNI L  
Address: 9869 141ST. PATH  
City-St-Zip: LIVE OAK, FL 32060

**ADDITIONS/CHANGES:**

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: DANNI L MILLSAP

MGR

08/26/2007

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