


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90317 029 ****50.00

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|----------------------------------|--|---|
| DOCUMENT # L05000078320 | |  |
| 1. Entity Name JAX TOWER, LLC | | |

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| Principal Place of Business 1403 RIVERPLACE BLVD. JACKSONVILLE, FL 32207 | Mailing Address 1403 RIVERPLACE BLVD. JACKSONVILLE, FL 32207 |
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| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address <i>ONE SE 3RD AVE</i> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. <i>3100</i> | |
| City & State | | City & State <i>MIAMI FL</i> | |
| Zip | Country | Zip <i>33131</i> | Country <i>MIAMI-DADE</i> |

60046646



04192007 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 20-3509497 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent TRACY, GRANVIL M ONE SE 3RD AVE SUITE 3100 MIAMI, FL 33131 | | 7. Name and Address of New Registered Agent Name <i>TRACY, GRANVIL M.</i> Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code | |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TRACY, GRANVIL M ONE SE 3RD AVE., SUITE 3100 MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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|---|------------------------|--|
| SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date <i>4/24/07</i> | Daytime Phone # <i>305-350-7901</i> |
|---|------------------------|--|