

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90064 017 ***138.75

DOCUMENT # L05000078320

1. Entity Name

JAX TOWER, LLC



Principal Place of Business

1403 RIVERPLACE BLVD.
JACKSONVILLE FL 32207

Mailing Address

ONE SE 3RD AVE
3100
MIAMI FL 33131



2. Principal Place of Business - No P.O. Box #

800 Brickell Avenue

3. Mailing Address

800 Brickell Avenue

Suite, Apt. #, etc.

Penthouse 1

Suite, Apt. #, etc.

Penthouse 1

1st MOORE

CR2E083 (10/07)

City & State

Miami

City & State

Miami

4. FEI Number

20-3509497

Applied For

Not Applicable

Zip

FL

Country

33131

Zip

FL

Country

33131

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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

Street Address (P.O. Box Number is Not Acceptable)

800 Brickell Ave

Penthouse 1

City

Miami

FL

Zip Code

33131

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 resigning)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE P ☐ Delete
NAME TRACY, GRANVIL M
STREET ADDRESS ONE SE 3RD AVE., SUITE 3100
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 800 Brickell Ave. Penthouse 1
CITY-ST-ZIP Miami, FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

4-23-08

Date

Daytime Phone #