## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000095585

Entity Name: JAX RENTALS LLC

FILED Jan 18, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5960 PEEPLES LANE PO BOX 41472

JACKSONVILLE, FL 32219 US JACKSONVILLE, FL 32203 US

Current Mailing Address: New Mailing Address:

P.O. BOX 41472 PO BOX 41472

JACKSONVILLE, FL 32203 US JACKSONVILLE, FL 32203 US

FEI Number: 56-2535013 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

NICKS, JAMES C III
5960 PEEPLES LANE
NICKS, JAMES C III
6059 PEEPLES LANE

JACKSONVILLE, FL 32219 US JACKSONVILLE, FL 32219 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: 01/18/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 NICKS, JAMES C III
 Name:
 NICKS, JAMES C III

 Address:
 5960 PEEPLES LANE
 Address:
 PO BOX 41472

City-St-Zip: JACKSONVILLE, FL 32219 US City-St-Zip: JACKSONVILLE, FL 32203 US

Title: ( ) Delete Title: MGR ( ) Change (X) Addition

 Name:
 Name:
 NICKS, JIMMY

 Address:
 Address:
 PO BOX 41472

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32203

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES C. NICKS III MGRM 01/18/2006