2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008
Secretary of State

DOCUMENT# L05000096752

Entity Name: JAX PROPERTY RENTALS LLC

Current Principal Place of Business:

4069 ATLANTIC BLVD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

PO BOX 18306
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 16-1735939 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAMELA, COLARUSSO R
5429 LANNIE ROAD
JACKSONVILLE, FL 32218 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:	MGRM ( ) Delete
Name:	PAMELA, COLARUSSO R
Address:	5429 LANNIE ROAD
City-St-Zip:	JACKSONVILLE, FL 32218
Title:	MGRM ( ) Delete
Name:	MICHAEL, COLARUSSO M
Address:	5429 LANNIE ROAD
City-St-Zip:	JACKSONVILLE, FL 32218
Title:	MGRM ( ) Delete
Name:	BRIAN, SANDERS
Address:	4616 LANCELOT LANE
City-St-Zip:	JACKSONVILLE, FL 32210
Title:	MGRM ( ) Delete
Name:	SANDERS, JOAN
Address:	4616 LANCELOT
City-St-Zip:	JACKSONVILLE, FL 32210

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	MGRM (X) Change ( ) Addition
Name:	BRIAN, SANDERS
Address:	1525 AVONDALE AVE
City-St-Zip:	JACKSONVILLE, FL 32205
Title:	MGRM (X) Change ( ) Addition
Name:	SANDERS, JOAN
Address:	1525 AVONDALE AVE
City-St-Zip:	JACKSONVILLE, FL 32205

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: PAMELA COLARUSSO PRE 01/28/2008

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