2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096752

SANDERS, JOAN

1525 AVONDALE AVE

JACKSONVILLE, FL 32205

Name:

Address:

City-St-Zip:

Entity Name: JAX PROPERTY RENTALS LLC

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	ANTIC BLVD IVILLE, FL 32	207		
Current Mailing Address:			New Mailing Address:	
PO BOX 1 JACKSON	8306 IVILLE, FL 32	218		
FEI Number	: 16-1735939	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
5429 LAÑI JACKSON The above	COLARUSSO NIE ROAD IVILLE, FL 32 named entity of Florida.	218 US	ourpose of changing its register	ed office or registered agent, or both
SIGNATUI	RE:			
Electronic Signature of Registered Age			ent Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM (PAMELA, COL 5429 LANNIE I JACKSONVILL	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM (MICHAEL, CO 5429 LANNIE I JACKSONVILL	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM (BRIAN, SANDE 1525 AVONDA JACKSONVILL	LE AVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	MGRM () Delete	Title:	() Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL COLARUSSO MGRM 04/29/2009