2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L05000099547

1. Entity Name TC JAX HOLDINGS, LLC



FILED Feb 01, 2007 08:00 AM Secretary of State

Principal Place of Business

2136 KINGS AVENUE JACKSONVILLE, FL 32207 Malling Address

2136 KINGS AVENUE JACKSONVILLE, FL 32207



01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3623516

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Davime Phone #

6. Name and Address of Current Registered Agent

DIETSCH, THERESA H 2136 KINGS AVENUE JACKSONVILLE, FL 32207

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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 Florids. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NCTE: Registered Agent signature required when reinetating) DATE		
Filing Fee is \$50.00 Due by May 1, 2007		
9,	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIETSCH, THERESA 2136 KINGS AVE JACKSONVILLE, FL 32207	U00000614878 02/06/07-80047-024 50.00
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
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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 ilability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		