

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102080

Entity Name: JAXON PROPERTIES, LLC

FILED
Mar 09, 2006
Secretary of State

Current Principal Place of Business:

2226 HAMMOCK OAKS DRIVE NORTH
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 600197
JACKSONVILLE, FL 322600197

New Mailing Address:

FEI Number: 20-3640814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAXON, JAMES H
2226 HAMMOCK OAKS DRIVE NORTH
JACKSONVILLE, FL 32223 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: JAXON, JAMES H
Address: 2226 HAMMOCK OAKS DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGRM () Delete
Name: JAXON, KELLY J
Address: 695 FRUIT COVE ROAD
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KELLY J JAXON

MGRM

03/09/2006

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