## 2006 LIMITED LIABILITY COMPANY

## **FILED** Apr 10, 2006 8:00 am Secretary of State

ANNUAL REPORT	
DOCUMENT # L05000104414	•

SIGNATURE:

04-10-2006 90045 016 \*\*\*\*50.00 1. Entity Name JAX ADAMS OFFICE, LLC Principal Place of Business Mailing Address SUITE 2110 - SUNTRUST BUILDING SUITE 2110 - SUNTRUST BUILDING **76 SOUTH LAURA STREET 76 SOUTH LAURA STREET** JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BMD FLORIDA SERVICE, LLC Street Address (P.O. Box Number is Not Acceptable) 76 S. LAURA STREET, SUITE 2110 JACKSONVILLE, FL 32202 City Zip Code 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 Florida. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Manager Jax Adams Management, LLC 76 South Laura Street, Suite 2110 Addition ☐ Change Delete MGR TITLE TITLE NAME MANNA, ANTHONY S NAME STREET ADDRESS STREET ADDRESS 75 EAST MARKET STREET **AKRON, OH 44308** CITY-ST-ZIP Tacksonville, FL 32202 CITY-ST-7IP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this fitting 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 liability company or the receiver or trustee empowered to exercise this report as required by Chapter 608, Florida Statutes. Anthony S. Manna Mgr. of JAX Adams Management,

ITED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE





## BRENNAN, MANNA & DIAMOND, LLC

ATTORNEYS & COUNSELORS AT LAW

**Anna-Karina Dragolich**Phone: 330-253-5060
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April 4, 2006

Florida Department of State Division of Corporations PO Box 6478 Tallahassee, FL 32314

RE: JAX Adams Office, LLC

Dear Sir or Madam:

Enclosed herewith please find the 2006 Annual Report for the abovereferenced entity, along with a check in the amount of \$50.00 for the filing fee. Please file the same and return any receipts and/or certificates to me.

Thank you for your time and attention to this matter. Please feel free to contact me if you should have any questions.

Very truly yours,

AK Drafolich

Anna-Karina Dragolich

Paralegal