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Secretary of State

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000104414

1. Entity Name
JAX ADAMS OFFICE, LLC

30011353

Principal Place of Business	Mailing Address
SUITE 2110 - SUNTRUST BUILDING 76 SOUTH LAURA STREET JACKSONVILLE, FL 32202	SUITE 2110 - SUNTRUST BUILDING 76 SOUTH LAURA STREET JACKSONVILLE, FL 32202
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number ~~APPLIED FOR~~ 20-4496349 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BMD FLORIDA SERVICE, LLC 76 S. LAURA STREET, SUITE 2110 JACKSONVILLE, FL 32202	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAX ADAMS MANAGEMENT LLC 76 S LAURA ST STE 2110 JACKSONVILLE, FL 32202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Lee S. Walko, Secl. of Manager 4-24-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT

BRENNAN, MANNA & DIAMOND

ATTORNEYS & COUNSELORS AT LAW

Anna-Karina Dragolich
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Fax: (330) 253-1977
Email: akdragolich@bmdllc.com

June 26, 2007

300113353
#L05000104414

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

RE: JAX Adams Office, LLC

Dear Sir or Madam:

Enclosed please find the *Corrected* 2007 Annual Report for the above-referenced limited liability company.

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

Very truly yours,

A-K Dragolich

Anna-Karina Dragolich
Paralegal