2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 10, 2006 8:00 am Secretary of State **DOCUMENT #L05000109729** 04-10-2006 90043 045 ****50.00 JAC BUTLER, LLC Principal Place of Business Mailing Address . - - - - - - - - - -**5055 EAGLE POINT DRIVE 5055 EAGLE POINT DRIVE** JACKSONVILLE, FL 32244 JACKSONVILLE, FL 32244 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032006 Chg-LLC CR2E083 (11/05) 4. FEI Number 01 -08 57227 City & State City & State Applied For Not Applicable Zip Country 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 Name Same 5 Cran Forc Street Address (P.O. Box Number is Not Acceptable) INTREPID REGISTERED AGENT SERVICES, LLC ONE INDEPNEDENT DRIVE, SUITE 1200 JACKSONVILLE, FL 32202 5055 Eagle Point City Jacks SAVINL 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 Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State James & Cranfard Change MANAGING MEMBERS/MANAGERS 9. 10. TITLE □ Delete TITLE 5055 Eagle Raint Dr. NAME NAME STREET ADDRESS STREET ADDRESS Jacksonville, Fl. 32244 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

ER, MANAGER, OR AUTHORIZED REPRESENTATIV

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