

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 21, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000109729**

1. Entity Name  
**JAC BUTLER, LLC**



Principal Place of Business  
**5055 EAGLE POINT DRIVE**  
**JACKSONVILLE, FL 32244**

Mailing Address  
**5055 EAGLE POINT DRIVE**  
**JACKSONVILLE, FL 32244**



02202007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**01-0857227**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CRANFORD, JAMES**  
**5055 EAGLE POINT DR**  
**JACKSONVILLE, FL 32244**

**DO NOT WRITE**  
**IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CRANFORD, JAMES A
STREET ADDRESS	5055 EAGLE POINT DR
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE \_\_\_\_\_

*James A Cranford* 2/29/07