

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112154

Entity Name: JAX PARKING VENTURE, LLC

FILED
Feb 21, 2007
Secretary of State

Current Principal Place of Business:

510 NORTH JULIA STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

510 NORTH JULIA STREET
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-3491153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, WILLIAM T
510 NORTH JULIA STREET
JACKSONVILLE, FL 32202 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: MGR () Delete
Name: KIRKWOOD, CRAIG A
Address: 510 N JULIA ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR () Delete
Name: MORRIS, WILLIAM T
Address: 510 N JULIA ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR () Delete
Name: RENSING, THOMAS K
Address: 510 N JULIA ST
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES:

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

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: WILLIAM T. MORRIS

MGR

02/21/2007

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