

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90031 031 \*\*\*138.75

**DOCUMENT # L06000016328**

1. Entity Name  
**JAX INVESTORS II, LLC**



Principal Place of Business  
**1914 ART MUSEUM DRIVE  
JACKSONVILLE, FL 32207 US**

Mailing Address  
**1914 ART MUSEUM DRIVE  
JACKSONVILLE, FL 32207 US**

**60037314**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

**76-0817652**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**TROUP, KEVIN L  
1914 ART MUSEUM DRIVE  
JACKSONVILLE, FL 32207**

## 7. Name and Address of New Registered Agent

Name **Lewis Levi Ritter IV**

Street Address (P.O. Box Number is Not Acceptable)

**1914 Art Museum Drive**

City **Jacksonville**

**FL**

Zip Code **32207**

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

**Lewis Levi Ritter IV**

**4/17/08**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **PYGUEN, WILLIAM T III**  
STREET ADDRESS **1914 ART MUSEUM DR**  
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **MGRM** ☒ Delete  
NAME **TROUP, KEVIN L**  
STREET ADDRESS **1914 ART MUSEUM DR**  
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **William T. Pyburn III**  
STREET ADDRESS **1914 Art Museum Drive**  
CITY-ST-ZIP **Jacksonville FL 32207**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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.

SIGNATURE:

**Lewis Levi Ritter IV**

**4/17/08**

**(904) 399-0134**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #